



NEVADA LEGISLATURE JOINT INTERIM STANDING COMMITTEE ON EDUCATION

(Nevada Revised Statutes [NRS] 218E.320)

MINUTES

April 18, 2024

The third meeting of the Joint Interim Standing Committee on Education for the 2023–2024 Interim was held on Thursday, April 18, 2024, at 9 a.m. in Room 4412, Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138, Legislative Building, 401 South Carson Street, Carson City, Nevada.

The agenda, minutes, meeting materials, and audio or video recording of the meeting are available on the Committee's [meeting page](#). The audio or video recording may also be found at <https://www.leg.state.nv.us/Video/>. Copies of the audio or video record can be obtained through the Publications Office of the Legislative Counsel Bureau (LCB) (publications@lcb.state.nv.us or 775/684-6835).

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Assemblywoman Shannon Bilbray-Axelrod, Chair
Senator Roberta Lange, Vice Chair
Senator Carrie A. Buck
Senator Marilyn Dondero Loop
Assemblyman Reuben D'Silva

COMMITTEE MEMBERS PRESENT IN CARSON CITY:

Assemblywoman Natha C. Anderson
Assemblywoman Alexis Hansen

COMMITTEE MEMBER ABSENT:

Assemblywoman Melissa Hardy

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Jennifer A. Sturm-Gahner, Principal Policy Analyst, Research Division

Alex Drozdoff, Senior Policy Analyst, Research Division

Crystal Rowe, Senior Research Policy Assistant, Research Division

Asher Killian, Legislative Counsel, Legal Division

Cameron Newton, Senior Deputy Legislative Counsel, Legal Division

Items taken out of sequence during the meeting have been placed in agenda order.
[Indicate a summary of comments.]

AGENDA ITEM I—OPENING REMARKS

Chair Bilbray-Axelrod:

Good morning and welcome to the third meeting of the Joint Interim Standing Committee on Education. Committee staff will be sending out a Solicitation of Recommendations in the coming days. This asks interested parties to provide additional recommendations, in writing, for possible consideration during the Committee's work session. Please submit recommendations no later than June 28, 2024.

[Chair Bilbray-Axelrod reviewed meeting protocol and information related to providing public comment.]

AGENDA ITEM II—PUBLIC COMMENT

Chair Bilbray-Axelrod:

Let us get started with our first agenda item, which is public comment. I will begin with those wishing to make public comment in Las Vegas. Is there anyone wishing to make public comment? Not seeing anyone come to the table.

Carson City? It does not look like there is anyone in Carson City.

I will now go to the call-in line. Broadcast and Production Services (BPS), please add the first caller with public comment.

BPS:

The public line is open and working, however, there are no callers at this time.

AGENDA ITEM III—APPROVAL OF THE MINUTES FOR THE MEETING ON MARCH 20, 2024

Chair Bilbray-Axelrod:

We will move on to our next agenda item, approval of the minutes for the meeting held on March 20, 2024.

SENATOR DONDERO LOOP MOVED TO APPROVE THE MINUTES OF MEETING
HELD ON MARCH 20, 2024.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION PASSED (SENATOR BUCK AND ASSEMBLY MEMBERS HARDY
AND D'SILVA WERE ABSENT FOR THE VOTE).

AGENDA ITEM IV—ANALYSIS OF THE MENTAL HEALTH AND WELLNESS OF PUPILS, INCLUDING RELATED PROGRAMS AND PRACTICES PURSUANT TO SENATE BILL 72 (2023)

Chair Bilbray-Axelrod:

We will now hear from several stakeholders on the mental health and wellness of Nevada pupils—updates, trends, and methods of addressing chronic absenteeism. We will take questions and answers after they have all presented.

To start, I would like to invite Yvette Williams up to the podium. We had speakers who are not going to be able to attend, so we thought Ms. Williams could give us an overview of what is going on with Hazel Health, Inc. Thank you, begin when you are ready.

Yvette Williams, Chair, Clark County Black Caucus:

Thank you, Madam Chair, and distinguished Committee Members, for allowing us the opportunity to share with you today ([Agenda Item IV A-1](#)). As many of you know, we have been working in the area of not only mental health, but health for all children in Nevada. We would love to see our State provide free access to health care and mental health for all our young people. It is still a dream, but we are getting closer. It would be negligent on my part if I did not acknowledge the Clark County School District (CCSD) and their attempts to address this by providing mental health access through Hazel Health, which is the largest telehealth provider in the nation. Every student in CCSD currently has access to a therapist so they are not having to wait months to get to a therapist. There are other providers in CCSD providing this as well.

During the 2023 Legislative Session, Senate Bill 72 required the Joint Interim Standing Committee on Education to conduct a study concerning the mental health and wellness of pupils in this State and programs to improve the mental health and wellness of such pupils including, without limitation, evidence-based mental health therapies and practices, and to report to the Legislature, your findings and recommendations for legislation, to the Director of the LCB for the 83rd Session of the Legislature, on or before February 1, 2025. After reviewing the meeting agenda, it is obvious this item does not take a deep dive into the programs to improve the mental health and wellness of such pupils including, without limitation, evidence-based mental health therapies and practices at this meeting. It would be unconscionable to provide a committee report without hearing from actual school-based providers currently delivering direct real-time behavioral and mental health services to students. One of the things I noticed in the handouts today, to give you an example of why I am so concerned, one of the handouts shows support that currently exists in Nevada. There is a big void there, so much is missing that you are not aware of. In order for you to get a grasp on what is going on and the work being done, you need to bring everybody to the table and that includes those school site providers and I do not see any. I am representing the Clark County Black Caucus today as an advocate—and not Hazel Health—but I am going to bring it up because they are providing most of the services for the students.

Having advocated for statewide health and mental health services for students for nearly a decade, I am very familiar with many programs available to students, particularly in our largest urban district, CCSD. If the intent is to analyze programs and practices, per the agenda item description, in my opinion, there is a substantial void in your planned presentations from those professionals on the front line. Actual outcomes, data, observations, practices, barriers, et cetera, would best be informed by those actual

school-based providers on the ground and providing direct real-time behavioral and mental health services to tens of thousands of students.

Therefore, we would ask this Committee to schedule an additional presentation from CCSD and allow them the opportunity to showcase the impactful programs they have implemented to address behavioral and mental health needs, provide actual data, student outcomes, return on investment, best practices, and their recommendations for overcoming any barriers or challenges students face in accessing care.

Further, it is my opinion, this Committee will benefit substantially from hearing directly from these providers and allow you the opportunity to ask qualifying questions, better understand and analyze student needs, best practices learned, and return on investment where dollars are best spent to achieve legislative goals and outcomes. For example, I provided a recent independent third-party study by the Clemson Center for Behavior Analysis, Clemson University; that is available to the public ([Agenda Item IV A-2](#)) ([Agenda Item IV A-3](#)). Key findings from the Clemson Center for Behavior Analysis include the overwhelming majority of participants experienced a clinically significant reduction and depression and anxiety symptoms with 75 percent falling into a lower level of clinical severity as defined by the Patient Health Questionnaire (PHQ-9) and General Anxiety Disorder (GAD-7) scales following treatment. The largest improvements were experienced by participants who exhibited more severe symptoms prior to treatment. At intake, 60 percent of participants in the sample exhibited moderate to severe symptoms. At discharge, only 30 percent of the sample exhibited moderate to severe symptoms. In other words, after completing treatment, nearly 70 percent of the sample exhibited only minimal to mild symptoms, that places them in the green zone and is considered below the clinical threshold for depressive or anxiety disorder.

In the February 2024 press release I gave you; Hazel Health expressed their future plans as a result of this study ([Agenda Item IV A-4](#)). This is a quote, "As for the company's future research plans, this is just the beginning," said Dr. Travis Gayles, Chief Health Officer, Hazel Health. This initial analysis focused on the adolescent segments of Hazel's K through 12 patient population due to the age appropriateness of the PHQ and GAD screeners, but a growing body of research on youth mental health is clear. The earlier we intervene, the more we can impact a student's psychosocial and academic trajectory. With over 40 percent of Hazel's patients in elementary school, early intervention is a foundational tenet of our clinical model, and we will continue to conduct research that enables educators, providers, and policymakers to meet the evolving needs of our children across developmental stages. I wanted to mention that because there is still a lot of research and studies being done, so there is still a lot for everyone to learn, including us and you as policymakers. I wanted to stress this is work in progress.

Many of you have heard our pleas to address the need for sustainability moving forward. This is a concern of the entire community as we contemplate the end of Elementary and Secondary School Relief (ESSER) funding in 2025. What will be the plan for Nevada to continue providing this critical care to our students that consistently remind us in our work with the Black Student Union Network (BSUN)—which is currently 1,200 plus students in 44 middle and high schools in southern Nevada—their most important priority is their mental health. Since the return to campus after the Coronavirus Disease of 2019 (COVID-19), many of our students in BSUN are serving as peer-to-peer ambassadors through our Mental Wellness Ambassador program in partnership with our CCSD school-based telehealth provider, Hazel Health. Student ambassadors help their peers learn and access mental health professional services available to them on campus, including walking with them to the school office or sharing the Requests Parent Approval form via a

QR (quick response) code on their phone. Sometimes students need encouragement from their peers to seek help.

Recently, at our Caucus-sponsored student summit, CCSD—through their Equity and Diversity Education Department—provided six breakout sessions engaging approximately 120 of our students in restorative circles. These are restorative circles taught to teachers, or educators, and these students had the opportunity to experience the power of this practice. Additionally, students have expressed their desire to take ownership of their own mental health. Not only did they enjoy learning these techniques, but I noticed more interest expressed by students in pursuing a career in mental health. There is a lot CCSD is—we are having conversations around that particular area of a pipeline for mental health professionals and in particular, with BSUN, to engage students who are underserved and underrepresented in that particular field.

These are stories and best practices you will not hear about unless you bring folks to the table that are part of this amazing ecosystem and are seeing great student outcomes and success. This is the investment Nevada can make in our future and our youth for our community health. Additionally, since the agenda item refers to SB 72, which also requires other analysis, we must consider these trends may also be served through behavioral and mental health strategies. The Clark County Black Caucus is no stranger at the Legislature on these issues. We humbly ask, when this Committee places this item on its agenda, that we have an opportunity to present our perspective since the Legislature implemented the new funding formula. If Nevada is serious about addressing the many disparities in its education system, it is going to take courage and a willingness to put old established methodology, interpretations, and practices behind us and move forward with innovative strategies committed to truly achieving a more equitable and just education system where every student has access to success and achievement and not only select groups.

In closing, thank you for your time and consideration. We remain available to any of your Committee Members with questions or need clarity of our position via our email.

[Due to copyright issues, the handout ([Agenda Item IV A-3](#)) is on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. For copies, contact the Library at (775) 684-6827 or <https://www.leg.state.nv.us/Division/Research/About/Contact>.]

Chair Bilbray-Axelrod:

Next, we have Robin Reedy, Laura Yanez, and Abbey Bernhardt with the National Alliance of Mental Illness (NAMI) Nevada. Begin when you are ready.

Robin V. Reedy, Executive Director, NAMI Nevada:

With me, I have Abbey Bernhardt and Laura Yanez. Abbey is one of our newest members to our State Board, and she is representing as the Chair of our Youth Committee. We will first hear from Abbey.

Abbey Bernhardt, Board Member, Youth Peer Support Specialist, and Chair, Youth Advocacy Committee, NAMI Nevada:

Thank you for allowing me to share my thoughts today. At three years old, I was diagnosed with bipolar disorder. Starting school was very difficult. I had so much anxiety, sadness, and anger all at once. I felt like I could spin, like Taz from Looney Tunes. I could spin right through the classroom clearing off the desks and bookshelves, while laughing because I was manic with no outlet. No one had a true understanding of how to help me, and they did not

ask me one simple question that would have helped. How can I help you? Even a five-year-old can answer this. I was instantly outcasted and alone, later leading to depression and a suicide attempt at just ten years old.

Youth peer support specialists should be hired to work under a school social worker and meet with students weekly, as well as after-school support groups. Lived experience provides security, understanding, and compassion and it takes away loneliness. When I was younger, I wish there would have been peer support specialists. If I could have seen someone with a similar mental health journey that was successful, I would have instantly had more hope. If they can do it, so can I. Also, NAMI's Ending the Silence needs to be implemented into school assemblies, so children know they are not alone, and we are talking about mental health, because the stigma and shame is real. Talking about it will save lives. We need our educators to be trained in applied suicide intervention skills training (ASIST). When I was in school, I was often seen as a disruption for not understanding something or asking a question. I would be called into the principal's office, and told I was hopeless and helpless and never going to amount to anything. Reiterating the idea that my life was never going to get better. Suicide is the second leading cause of death for ages 10 to 25. If our educators are ASIST trained, this would help equip them with compassion and understanding of how to help someone who is in crisis. Therefore not contributing to a suicide attempt or further isolating them.

Laura Yanez, Executive Director, NAMI Western Nevada:

Thank you for the opportunity to share about our programming today. National Alliance on Mental Illness Western Nevada covers primarily 12 counties of rural Nevada, although we do have some statewide programs. Those programs include the Warmline; the Nevada Teen Peer Support Text Line (TTL); the chat; as well as the Nevada Caring Contacts program. The ones I will focus on today are the Nevada TTL with chat feature, as well as the Nevada Caring Contacts program, which received an award through the Substance Abuse and Mental Health Services Administration (SAMSA), United States Department of Health and Human Services, for innovations in recovery.

We started the TTL in 2022. It was a concept that we were interested to see how it would work for Nevadans. In the first year of our TTL, we exchanged over 74,000 text messages with youth. We are currently exchanging about 10,000 text messages per month. Those numbers have continued to go up. As of May 1, we will be open 7 a.m. to midnight. The reason we are open until midnight, is we found a lot of students, between the times of 10 p.m. and midnight, were reaching out to the text line for harm reduction. They were reaching out for having the urge to use substances or to self-harm. In order to meet that need and be responsive to what our communities wanted; we added the additional hours. The teen chat launched in November 2023. It is an innovative approach providing equity of access by allowing students to use school-issued technology to connect to a youth peer support specialist.

Interestingly enough, 29 percent of TTL participants are located in rural Nevada. It has been embraced by rural Nevada. Of those students who have texted in throughout the State, 89 percent said they did not know where they would go for support if the TTL was not available. While we encourage them to talk to a trusted adult at school, ask if they have spoken to their therapist about it, and connect them to resources, it is still an alarming number of youths that do not know where to go. The TTL is unique in the nation because it is an inbound, meaning youth can text in, as well as we text out based on referrals. It is a noncrisis peer support line. By peer, I mean, authentic peer support of 18- to 28-year-olds providing support to the youth. We found that 12- to 14-year-olds were utilizing TTL the most. With our youngest participant being eight years old, reaching out to the line. We were

originally 14 to 24, but because of meeting the needs of the community, we dropped the beginning age in our available full lifespan.

The top four most common reasons for students calling in—one is peer support and a check in. This can be, I had a rough day. I got in a fight with my parents. I had a great day, and I wanted somebody to talk to about it. Number two is mental health, including anxiety and depression. Number three is family relation issues and social isolation. We find a lot of our students are texting because they have no friends at school or nowhere to connect. They eat lunch in the teacher's office. They are having challenges with their parents including being able to access mental health care. The last one we have in our top four is self-harm and substance use. These are the youth most at risk of either making a suicide attempt, cutting themselves, or other forms of self-harm or substance misuse.

The success of the TTL is a collaborative effort, but leading the effort was youth who had experienced the onset of mental illness prior to the age of 18. Their shared lived experience provided a program that met the needs of youth where they were as well as meeting the needs of the community to have that resource. Some of the things we have success on is building programs relevant to the participant. It is challenging to talk to a 12-year-old because they feel like they are experiencing suicidality. One of the things we do is make sure our operators are well trained. They receive over 100 hours of training, including ASIST training, suicide prevention 101, youth mental health first aid, and they are State Certified Peer Support Specialists.

The other program we are involved in is called the Virtual Crisis Care (VCC) program. I had the opportunity to go out and speak to law enforcement—whether it is sheriff's offices or police departments—throughout the State. This is a program primarily focused on rural communities that allows law enforcement to bring in a clinician in real time, not waiting two or three hours, to do an assessment as well as build a safety plan. This has been an incredible interest from our law enforcement, specifically school resource officers that feel they do not have any resources and are not sure what to do when a student is experiencing a mental health crisis.

Based on my experience with running the TTL, the chat, and the VCC program, my recommendations would be to utilize the youth as you are developing programs. It is important you have the end-user at the program development. As an adult, I can tell you great ideas and programs I think would be wonderful, but if the youth are not going to engage in it and you do not have their buy-in, then it is not going to move forward or create the impact we are hoping for. We have a lot of youth advocates, such as Ms. Bernhardt, in our communities. Personally, I have 12 staff on the TTL that would love to have a voice and help youth get the services they need. Continue the expansion of the teen chat line and the text line. We know it works. We know it is diverting crisis and students are receptive to that support. Increase the use of youth peer support specialists. Again, that is providing authentic peer support because they are close in age to the participants and have that shared lived experience. As Ms. Bernhardt was saying, knowing somebody else has been there and made it through. It inspires hope, encourages engagement in treatment, and helps the person have a direction, knowing they too can recover. Finally, I would say to continue the funding for the VCC program. It is critical for school resource officers to have an on-site assessment in real time, so they know the best course and if a safety plan can be made with the youth and that safety plan can be encouraged by the school. We found that our partnership with Nevada's Department of Education (NDE) and SafeVoice have been a great asset, as well as the Mobile Crisis Response Team in Washoe County, and the Wraparound in Nevada (WIN) program. Without our community partners and working together, our success would not be possible.

Ms. Reedy:

Can you give more detail on the VCC program; so they are aware of what that is and the logistics of how it works?

Ms. Yanez:

The VCC program is when law enforcement encounters an individual who they believe is experiencing a mental health crisis. They activate the Avel eCare program through a hub. Avel is a virtual hospital. Within three to five minutes, they are connected to a nurse practitioner with experience in mental health. Their nurse practitioners have over 300 years of combined experience. They engage with the participant, they do a crisis and safety assessment, and then they work to engage the person in creating a safety plan that will work for them with the resources they have. If for some reason, the safety plan does not work or the person chooses not to engage, then they make a recommendation if the person should be taken to a hospital. Then, there is follow up care from the TTL, as well as mental health providers.

Ms. Reedy:

Very simply, the person engaging, whether it is law enforcement or a resource person at a school, has a laptop or an iPad of some kind and can go into this system and they can be dealing with the individual virtually, but right on site.

On behalf of NAMI Nevada, the State Chapter of NAMI, we are dedicated to support, educate, and advocate for those living with a mental health condition and the families who love them. As you heard from Ms. Bernhardt, there are many examples of programs and training that would positively impact our youth in a school setting. Ms. Yanez has implemented statewide services that provide a resource to school age children, the teen text chat line connecting with young adults that have lived experience, the Cares program, and forming youth mental health committees within the schools themselves. Giving kids a voice will help to mitigate the epidemic we are seeing. Training for our hardworking and underpaid teachers, just as our law enforcement had to change their education because of mental health issues encountered in the community, so must education. Teachers and administrators need to take ASIST training for suicide recognition, the Basics program for professionals to understand the signs and behaviors in youth of a mental health issue, and programs offered by The Children's Cabinet to identify and treat our youth.

I have to make sure everyone understands all the data you hear are reported statistics. Most addiction and mental health issues are suffered in silence—in the dark. The stigma related to these issues does not lend itself to bright light. How many people here have had some form of anxiety or depression, especially during COVID-19? How much of what we are seeing in our youth is from that time frame? Mental health is a continuum we are all on and we can be anywhere on that continuum at any point in time, whether chronic or acute. The only time it becomes a statistic is when it is a crisis. I have seen at least one in three or more people with the issues we are looking at today. If you look to your right and look to your left, either they have lived with it, or it is you.

Seventy-eight percent of people with an addiction issue are probably self-medicating. Once people are addicted, 100 percent have a mental health issue because of substance abuse. Mental health issues affect our brain. Our brain is part of our body, and we need to treat mental health issues on par with any other physical health problem for everyone. I once had a Governor yell at me to stop saying this. It is so negative. I will stop saying it when it is no longer true. Nevada is typically ranked dead last when it comes to mental health services in

this State compared to the rest of the nation. Where we are not ranked last, you will find an asterisk saying some states were unable to report because of COVID-19 or do not compare this with past reports because the baseline has changed.

Our advocacy issues are developed based on the number of issues brought up in conversations, helpline, Warmline, and teen text chat line calls, but they generally fall into five groups: (1) housing; (2) medication barriers; (3) criminalizing mental health; (4) the lack of providers with parity; and (5) the need to increase services for those living with mental health conditions, especially for the youth and the elderly. Nevada has had studies, work groups, and anything else we could come up with that does not cost money. Even the Nevada Regional Behavioral Health Policy Boards (BHPB) will only bring a bill draft request that does not cost money. Now is the time to invest at the front end so we can save crisis dollars on the back end. Early intervention is what works. We need to spend money to save money. We need to recognize the money we save will not be in the same fund as the money we spend.

Senate Bill 167 (2023) and Senate Bill 177 (2023), passed in the last legislative session, are still not being implemented. Medications are still being denied to individuals whose lives are at stake, including children. This investment in our citizens will save law enforcement costs, indigent expenses for local governments, and most importantly, lives. How many years of your child's life are you willing to give up? Or is it your sister, your mother, or your neighbor? Thank you again for allowing us to speak.

Chair Bilbray-Axelrod:

We are going to wait and do questions at the end, but I want to say thank you for being here. To Ms. Bernhardt, who went through so much, thank you for being courageous. It does help when people see someone that looks like them and has come out on the right side. We are happy you are here.

Next, we will go to Dr. David Damore, Dr. Michelle Paul, Dr. Sara Hunt, and Dr. Kelliann Beavers with the University of Nevada, Las Vegas (UNLV).

David F. Damore, Ph.D., Executive Director, Brookings Mountain West and The Lincy Institute, UNLV:

The Lincy Institute was formed in 2009 ([Agenda Item IV B](#)). We are a donor-funded public policy center at UNLV. We have six primary areas of research: (1) education; (2) economic development; (3) governance; (4) health; (5) nonprofits; and (6) social services. We either conduct our own research or we commission research to frame policy issues to make the case for policy interventions. Some examples of recent work we have done—we commissioned a piece by Bradley S. Wimmer, Professor of Economics, UNLV, to look at how the State might want to deploy its broadband dollars, as well as an analysis by Tripp Umbach looking at the economic impact of the UNLV Academic Health Center.

A lot of our work is disseminated through what we call The Data Hub. These are fact sheets and data visualizations that extract data from national reports focusing on the Mountain West, Nevada, and Las Vegas. We have 11 different collections. Since we created this before COVID-19 began, we have had over 45,000 downloads. I encourage you and your colleagues to make use of this resource. Within the health collection, we have three fact sheets focusing on mental health. One looking at the overall state of mental health in Nevada—in the Mountain West. One looking at youth mental health and also looking at the issues of provider shortages here.

I want to briefly highlight the data that is going to create the context for the presentations that follow. First, as was noted, Nevada is ranked last because of the high need for mental health services and the dearth of providers here. This data is a few years old, but there was another analysis put out, last week or the week before, that tells the same story. The Mountain West does poorly in both metrics. Specific to youth mental health, this data from 2015 through 2022, looking at youth who have reported one major depressive episode. Over the time period, you see the jump across the Mountain West. You particularly see the uptick during 2020, due to the issues associated with the pandemic. Focusing on the youth in the issue of depression, roughly 8 percent of K through 12 students in Nevada have major depression and only about a third of the students are getting treatment.

Looking at the issues raised earlier about the workforce. Like many of the states in the Mountain West, Nevada lacks the school-based workforce to support the students here. If you are looking at psychologists to students, the ratio is expected to be about 1 to 500, about one per school. Our ratio in Nevada is 1 to almost 2,000. When we look at social workers, about 1 to 250, about two per school. In Nevada, you are looking at 1 to almost 9,000. We are not having the resources there. The last point I want to highlight, this is not specific to mental health, Nevada has 61 designated mental health care professional shortage areas. Among the Mountain West, we would need the most new providers to get our ratios in alignment with national expectations. It is about 30,000 to 1 in terms of psychiatrists there.

Earlier this month, we held a community forum to draw additional attention to the mental health crisis in Nevada and to highlight the initiatives underway at UNLV, by UNLV Faculty, to address the needs here. This is The Lincy Institute, UNLV Partnership for Research, Assessment, Counseling, Therapy, and Innovative Clinical Education (PRACTICE), Behavioral Health Education, Retention, and Expansion Network of Nevada (BeHERE NV), and the Department of Psychology at UNLV. If you want to look the entire event, it is on our YouTube channel. The presentations that are going to follow will highlight these initiatives.

Michelle G. Paul, Ph.D., Assistant Vice President of Mental and Behavioral Health, and Workday Endowed Executive Director, UNLV PRACTICE, UNLV:

It is good to see you and thank you for letting us share the initiatives we are engaging in at UNLV. What is UNLV PRACTICE? It is a partnership for research, assessment, counseling, therapy, and innovative clinical education. What is that? In 2012, we opened our doors. We are a community mental health training clinic. We are uniquely collaborative in that we are a partnership between the College of Education—where they train school psychology graduate students and the College of Liberal Arts—where they train clinical psychology. Also, in the College of Education we have mental health counseling students. These are masters and doctoral students who are required to have supervised clinical practice before they can graduate.

We are a community facing mental health clinic where the students provide mental and behavioral health services under expert faculty licensed supervision. The services we have been providing since 2012 include individual psychotherapy, group psychotherapy, and telehealth services to the northeastern rural counties of Elko and Humboldt through a Communities in Schools of Nevada (CIS) partnership. Annually, we provide services to about 500 to 600 unique individuals—for youth and their families—and about 6,000 to 7,000 hours of low-cost sliding scale services. We are now able to start billing Medicaid.

We set a goal, in our first ten years, to establish a location in the heart of Las Vegas near the University Medical Center of Southern Nevada, in the medical district, in order to increase access and accessibility of our services to the community. We were able to

establish a satellite donor-funded clinic. This additional infrastructure allowed us to compete for and get granted a combination of federal and state American Rescue Plan Act of 2021 (ARPA) funds to develop several new programs. Specifically, these are services for the early identification and intervention for youth, extending down to the age 12, who show signs of severe mental illness, including bipolar illness or risk for psychotic disorders, as well as an expanded rural health outreach program. Interconnecting with our preexisting CIS partnership, we are working to screen and identify those youth at the highest risk for severe mental illness and to do that with a collaborative approach bringing in social work as well as psychiatry. Those highest risk youth get wraparound services through our practice clinic.

With the support of UNLV President Keith E. Whitfield, we embarked on a strategic plan to further innovate in the next ten years. We seek to be a uniquely interdisciplinary mental health institute. One of the challenges in mental health is—to the community, we are peppered all over the place. Folks do not necessarily understand the difference between a psychiatrist, psychologist, social worker, or counselor. It is our responsibility to take that confusion away and to work together. Underneath an academic health initiative at UNLV, we have specific schools—school of medicine, school of dental medicine, public health, integrated health sciences, and nursing—but mental health is peppered across four different colleges. Under UNLV PRACTICE, the President and the Provost have asked me, as the Assistant Vice President, to coordinate all the mental and behavioral health training programs at UNLV. It includes all of the ones I mentioned before—counseling, clinical psychology, school psychology, and now, social work and couple and family therapy. Those are the nonmedical mental and behavioral health programs. We work collaboratively under this project mission to create a united voice for the greatest impact in addressing Nevada's mental health crisis, alongside our other health care partners, for a uniquely integrated and interdisciplinary mental and behavioral health as well as physical health impact. Also, working alongside our partners in psychiatry and psychiatric nurse practitioner as well. This is uniquely interdisciplinary. We asked the consulting group that helped us to develop the strategic plan to do a nationwide search for model programs and there was not one. We feel we are on the leading edge of training the mental and behavioral health high-level workforce alongside each other and minimize confusion for the community, but also maximize our collaborative effort alongside physical health.

Our goals are to continue our work in mental and behavioral health services and become a center of excellence. We already do outcome tracking and evidence-based care, but we want to expand that, make sure that our students are trained in mental and behavioral health evidence-based practices, and demonstrate our impact and outcomes through excellence and deliver unmatched services. We are going to expand our research, as I mentioned earlier, that enhanced infrastructure allows us to do strong interdisciplinary research. These are complex psychosocial problems. We can no longer be siloed apart from each other in our various colleges and programs. We have to have a collaborative, collective infrastructure that allows for interdisciplinary training and research. We expect to expand our training workforce through our expanded infrastructure so we will be able to provide a supervised clinical experience for as many of our graduate students as possible. We expect to be a center for policy advocacy and government relations. We would like to be a go to trusted resource for the community and when there is a mental health question, we want to be there. Lastly, you do not have an institute without a goal of financial sustainability. We will be working with our partners in the State, in the community, in philanthropy, and at the University to make sure we can sustain what we have built over the last ten years and to grow and sustain beyond that.

Sara Hunt, Ph.D., Director, BeHERE NV, and Assistant Dean, Behavioral Health Sciences, Kirk Kerkorian School of Medicine, UNLV:

My presentation is going to be focused on mental health workforce development. I am not going to spend a lot of time on this slide, as my colleague already highlighted the shortages of school-based mental health professionals we have in the State. Through the legislative action you took last session, we are trying to establish a designated Behavioral Health Workforce Development Center. It was done through Assembly Bill 37 (2023) and the bill was brought forward by the Rural BHPB. The idea is to start investing in outreach and education about mental health careers, the options to work in mental health—what that looks like, and the education pathways, by starting to do outreach in the K through 12 system. Then, invite those students to, hopefully, seek their education in our higher education system in Nevada and work on the retention side of things. How do we get our graduates coming out of our higher education institutions to seek licensure and employment in Nevada? What do we need to support the already existing mental health workforce?

Assembly Bill 37 is asking us to focus on those three chunks of the pipeline recruitment. Historically, mental and behavioral health professionals have not shown up in the K through 12 space to talk about the options to work in our fields and what that looks like. We want to invest in doing that across the State. For the Rural BHPB, it was important for them to offer the same outreach and education about careers to adult learners. Those individuals with lived experience who are working in entry level health care positions that may be looking for a career change. We would love to make sure they know about the options to work in mental and behavioral health, and how to connect that to higher education. At the higher education level, there may be a need to expand some of our already existing training programs so we could take larger cohorts or maybe there are new degrees we need to offer that would best fit the mental and behavioral health needs of our State. Again, that retention piece. What do we need to strengthen that bridge from graduation to employment in Nevada in mental and behavioral health? One of the things that was also important to the Rural BHPB was to offer some sort of business technical assistance program. It would be for folks who may be coming from out of state that are interested in setting up a new clinic in our communities. A place for them to go to identify all the licensing boards we have for professionals. How do you get a business license? Who are the insurers doing business in the State? That will be coming in our initiatives.

What have we done to implement AB 37? One of the things in the bill is this is an initiative under the Nevada System of Higher Education (NSHE), which meant NSHE had to designate an administrative hub for this Behavioral Health Workforce Development Center. They did that in their September 2023 quarterly meeting and awarded UNLV the ability to establish the administrative hub for what we now know as BeHERE NV. Once that happened, we officially opened our doors on October 1. Since then we have been doing a lot of hiring and onboarding personnel. As the Executive Director of BeHERE NV, I simply cannot do all this work by myself. It has taken a while to get support staff, and we are making good progress on that. We also wanted to make sure we got ourselves out in front of the public. We have been working on our outreach and marketing, establishing our website—that launched within the past month, and doing a lot of follow up presentations to stakeholders. You got this bill passed, what are you doing about it? With having this administrative hub at UNLV, the idea was to have a hub and spoke model of the BeHERE NV work. We have been building out those spokes now to the other NSHE institutions.

How is it going? The far-left picture is me and my staff. As part of those marketing materials, we got our first retractable banner, and we were excited that day. In that picture is me, our Administrative Assistant—Adriana Monroy, and our Graduate Assistant—Eterniti Claggett, she is in our master's program for couple and family therapy at UNLV. The

next picture is our Associate Director of Education and Training, Jill Mani, Ph.D. at our first high school career fair at Fernley High School at the end of March. We have three or four more scheduled in May and June. Next, is a picture from our drive to Winnemucca where we wanted to visit the Great Basin College campus and introduce BeHERE NV to their staff. Also, in this listening tour with NSHE institutions, we learned a lot about the connections they already have to the K through 12 systems for building that pipeline. On the far right, as part of the marketing and outreach, we have a few different social media platforms we are using and that was a post we did in March to recognize social work month, and we posted links to our different programs for social work training within NSHE. The bottom picture was me and Dr. Mani at Great Basin College in Winnemucca.

What is next? We have a lot of work to do. Through the meetings with our NSHE institutions, they have provided a lot of warm handoffs to folks in the K through 12 systems local to them. We are starting to introduce ourselves to school counselors and be invited to more of those high school career fairs. We are collaborating with NSHE mental health and behavioral health training programs to come in and provide additional education about the career options even in our higher education systems. Data, data, data. We are partnering with the John Packham, Ph.D., Associate Dean, Office of Statewide Initiatives, University of Nevada, Reno (UNR). You may be familiar with the work he does on the count of our health care workforce. We are going to partner with him to track the progress we are making in the number of mental health people in the workforce as we roll out our initiatives. We also want to explore grant opportunities. We are waiting to announce a grant we received to, hopefully, provide some scholarship opportunities into our higher education training programs. Our first legislative report to you is due in a couple of months. We will be working on that and putting that together. In the next fiscal year, we want to focus on building the retention side of things too. We have a new staff member, hopefully coming on board soon, to work on that. Again, that piece of reaching out to our soon to be graduates in higher education and connecting them to the opportunities to work in Nevada. Building that technical assistance, programming, and looking at additional grants we can secure to support our work.

I mentioned we have a new website. It is being built out, do not spend a lot of time on it. We are getting there. I am told if you take a picture of that QR code, you can sign up for our monthly newsletter. We are also rolling that out so we can keep those interested, our stakeholders, informed about how we are implementing AB 37. This is our cute little mascot, Winnie the elephant. I am happy to answer any questions at the end.

Kelliann Beavers, Ph.D., Research Associate, Brookings Mountain West and The Lincy Institute, UNLV:

Thank you for the opportunity to share this information with you and for your leadership here in Nevada. I am here to share with you a specific initiative, a grant The Lincy Institute is partnering with the Department of Psychology at UNLV on. I would like to tell you about the pilot program we are beginning and the vision we have for the future of this work.

The first thing I want to do is emphasize that the relationship between chronic absenteeism and challenges with mental health is direct and overlapping. Over a third of Nevada students have been chronically absent in the School Year (SY) 2022–2023. This places Nevada with about six states that have that high of a severe rate of chronic absenteeism. Chronic absenteeism is meaning over 10 percent of school is being missed. For reference, before the pandemic, this rate was 18.8 percent. This rate is worse for underserved populations. The experience of mental health challenges are more severe in underserved populations, including those who are having adverse experiences like racism and discrimination that have immediate and lasting effects and students with disabilities, who

are the highest risk and often overlooked in being able to receive care for mental health conditions.

I would like to talk to you about why our grant is working with youth in school specifically, because there is a relationship between chronic absenteeism and problems functioning for students. We have listed examples of those problems functioning that students experience, and it is a barometer for mental health challenges further down the line. We are working with pre-K, kindergarten, and first grade students during this pilot in hopes of being able to monitor the data as we go forward and to intervene earlier in the children's experiences to prevent some of those indicators that can unfold later—like not finishing high school and potentially ending up in the criminal justice system. All this data is related.

There is a contorted pathway of challenges, from symptoms to actually getting services that the mental health professionals in the schools and families experience. There are multiple moments in between noticing a child has symptoms and actually finding services, at which the limitations in the system of mental health care in Nevada create challenges for even the most well-meaning of families and professionals trying to navigate the system. This pilot program we are participating in is a school-based service delivery. Christopher A. Kearney, Ph.D., Chair, Department of Psychology, UNLV, his graduate students, and I will be working with school-based mental health care professionals to help them monitor chronic absenteeism on a weekly basis so we can intervene earlier when we find students are missing more than a quarter of school. Within one week, we will reach out to the families and that is the first level of intervention. The multi-tiered system of supports (MTSS) is a framework that is not exclusive to our grant, but one we are embracing. One of the things we will be helping with is this screening of absenteeism and the mental health challenges related to it.

We have two schools we are going to begin our pilot program in. One is a preschool, The HILLS Preschool. We were able to make this relationship through the United Way of Southern Nevada and the Nevada Ready! State Pre-K program. We are hopeful this program could expand throughout the Nevada Ready! Pre-K program. United Way is interested in seeing how this pilot unfolds and the potential for that. Then, we are also working at a charter school, Battle Born Academy in downtown Las Vegas and East Las Vegas. Both of these schools have populations of children who are experiencing housing instability and a range of other challenges that make this a meaningful place to pursue this work.

This slide has an image to give you a sense of the MTSS. As I mentioned, the first level will be screening chronic absences. The second level allows us to facilitate conversation with families under the advisement of the mental health care professionals at the school. We are working in tandem with what they feel is best for the students, but helping to boost their capacity, which we know is limited. Then, the third level allows us to support them in making referrals for outside assistance when needed for the most severe cases.

Lastly, a part of this grant is us creating a community asset map that will be initially intended to support mental health care professionals in the schools. It will be completed for the first phase in June and have a list of providers who serve children throughout Nevada. It will be complete with—do they have a waiting list; do they accept insurance—if not, why not; do they work with children; do they have a specialty? There is a range of data that has been collected by the graduate students working with Dr. Kearney. The asset map is something we are hoping to, as part of this grant, get online as a web resource for school-based mental health care professionals. This is something they do not currently have. When they are making referrals, they do not have a clear system of information to consult about where to recommend a child.

As far as a future vision for this asset map, I have been a part of the children's mental health coalition locally, that started convening late last year. There has been expressed interest in something like this database being available beyond the school system and including things beyond the mental health care providers and including preventative services—things like 4-H, community gardens, and ways children's mental health can be supported. It is something we are also building out for the schools and hope to build out further in the future if we have funding to continue to do that.

Dr. Damore:

You get a sense of continued implementation and working with community partners, but I want to highlight a key point here. All of these initiatives we brought to you today are funded either through grants, philanthropy, or one-shot legislative funding. The sustaining and growing of these programs are going to take long-term funding solutions that we bring to you for your assistance in promoting that in the Legislature.

Chair Bilbray-Axelrod:

Stay close because we have a couple more presentations and then there might be questions for you.

Next, we have Dr. Clements-Nolle with UNR, begin when you are ready.

Kristen Clements-Nolle, Ph.D., M.P.H., Professor and Graduate Director of Epidemiology, School of Public Health, UNR:

Thank you, Committee Members, for inviting me today to speak about the Youth Risk Behavior Survey (YRBS) ([Agenda Item IV C](#)). I am going to present information from our middle school and our high school YRBS. In particular, I have been asked to speak on the mental health outcomes, but later I can also answer questions about substance use and other behavioral health issues. I want to acknowledge our partners with YRBS—NDE; the Division of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS); the Nevada Statewide Coalition Partnership; school district superintendents and their staff; and, absolutely, the school administrators and teachers who do a lot of the hard work and are great partners on this project.

To give you an overview of the way YRBS works in Nevada, which is quite different than other states. The Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, has been funding Nevada to conduct a statewide YRBS since the mid-1990s and that is approximately 36 high schools statewide. As you can imagine, the majority of those schools are in Clark County. We usually only have a couple of schools that would be randomly selected from our rural counties and maybe three schools in Washoe County. For many years, even before SB 69 (2021) was passed, DPBH has been contracting with UNR to sample all our regular public, charter, and alternative high schools and middle schools in the State. We also sample our tribal schools. This is approximately 220 high schools and middle schools compared to the CDC funding, which is only covering 36 high schools statewide. Senate Bill 69 required that all secondary schools participate in a YRBS; however, this is an unfunded mandate. We have been lucky enough to be able to secure supplemental funding to the CDC funding with the 36 schools to date. All schools are asked to participate. All districts have to participate, but certainly a school could decline. Classrooms are randomly sampled in each school and then within the classroom, following parental permission, the students will complete an anonymous survey at the classroom level and the teachers of those classrooms receive an incentive which they use—sometimes for classroom supplies, sometimes teachers have told us they had a pizza party. They can use

that incentive for different things and there is an additional incentive if they are achieving a high response rate.

Today I am going to show you data from 2019—which was data collected before the COVID-19 lockdowns; 2021—which would be data collected once students had returned to school; and then our most recent data collection, 2023. You can see our response rates, this is a combined response rate of schools and students at the high school level, have been stable. You usually have about 5,000 students in the sample and our response rates are up to 69 percent now. In 2021, we had the second highest response rate in the nation. Our middle school response rates are a little higher, especially in more recent years. We had an increasing number of middle schools more recently. Our sample increased from about 5,000 to closer to 7,000, and we have an increased number of schools. Every year, only a couple high schools and middle schools do not participate. This was the case even before the Senate Bill passed.

One thing to know about the timing of YRBS, is usually we collect data in the spring semester, but due to the COVID-19 lockdowns, in 2021 we had to collect data in the fall. Therefore, students were a different age. We always weight our data based on sex, race, ethnicity, and grade, and we also weight the data based on the region in which people were sampled. Since we want to compare across time, we further weighted our data by age, which is not something the CDC would do. If you see the CDC estimates for that year, they may be a little different because students on average were a different age than they normally would be. When we do this, we are trying to ensure our results represent all middle and high school students in Nevada. We use the local school district demographic data to weight the data so we can account for students who maybe were not present or did not participate. The CDC has not released the 2023 data; however, because we do the data inhouse, that is what we are sharing with you today. I do not expect the mental health data to change, but that is just a note.

First, I am going to talk about high school trends. Again, this is student self-reported data—these are not diagnoses. This is an anonymous survey. There are several mental health indicators that focus on the past 12 months. You can see from 2019 to 2021 there was a significant increase in the proportion of high school students who self-reported depressive symptoms in the past 12 months. This is a standardized measure of a certain way of feeling for two weeks or more at a time. It went down in 2023, but that decline was not significant. It did not go back to the prepandemic level with high school students. Similarly, there was an increase in nonsuicidal self-injury. The increase from 2019 to 2021 was a significant increase. Again, it did not go back to the prepandemic levels in the high school sample. If you look at some of our suicidal behavior variables in the past 12 months, you see there was an increase in suicide ideation from 18 percent to 22 percent from 2019 to 2021. Again, it did not go down to the prepandemic level. There was a significant increase, but then there was not a significant decrease. We see the same pattern with making a suicide plan. In 2019, 9.1 percent of the high school students had made at least one suicide attempt in the past 12 months. It went up to 12.3 percent, which was a significant increase and that did not decrease.

We also saw an increase in electronic bullying from 11 percent in 2019 to 14.8 percent in 2021. It remains stable at about 14 percent in 2023. We ask questions about bullying on campus and in-person bullying, but because students were not in school for the past 12 months, in 2023 that question was not on that survey. It is not comparable across years.

Many of these are State added questions; you are not going to see these on the National YRBS. We asked, among youth who were feeling more symptoms of anxiety or depression, were they able to get the help they needed? This is their perspective. It does not mean they

did not access services, but this is their perspective. This is a proportion who said they rarely or never received the help they needed. You see there was a higher proportion of youth in 2021, who did not feel they were receiving the help they needed. It did go down to the prepandemic level, but it is still very high.

Now I am going to give you information on middle school trends. Our middle school data has been very consistent in these mental health outcomes. We did not see that increase in any of the mental health outcomes except one, which I will get to in a moment with the COVID-19 lockdowns. You see depressive symptoms has been very stable at about a third. Nonsuicidal self-injury, while high, has been stable. We see the same trends. The only increase was in suicide planning, but very stable trends in suicide ideation and suicide attempt in the past 12 months. Most states do not release middle school data, Nevada is one of the few states that does a middle school survey. However, the few states that do have a middle school sample have seen the same trends where mental health indicators got worse with the pandemic with the high school youth but remained stable with the middle school youth. This may be due to a developmental issue where the middle school youth are still connected to their families and the stay-at-home orders may not have had as big of an impact. But this is something we have seen in other states that do a middle school YRBS as well. However, we did see a significant increase, as we did in the high school data, with electronic bullying and that remained high in 2023 as well. There was no real change across time but close to half of the middle school youth who were reporting some kind of a mental health issue said they never or rarely received the kind of help they needed.

I am going to talk about a couple of subpopulations where we have higher rates of mental health issues. I will be showing data with our high school sample and our middle school sample. We have two questions that focus on sexual identity and gender identity. We are required to ask these questions due to receiving State funding. You can see that 27 percent of high school youth and 26 percent of middle school youth self-report being lesbian, gay, bisexual, transgender, questioning, or sometimes another category (LGBTQ+). This is similar to what we see in other states as well. A majority of this proportion is sexual identity, not gender identity, but we have about 7 percent of youth who are reporting they are transgender or gender variant. There are striking differences in all the mental health outcomes being much higher among sexual and gender minority youth. With depressive symptoms, 63 percent of LGBTQ+ youth reported depressive symptoms in the past 12 months compared to 35.6 percent of youth who are not sexual or gender minority. We see the same pattern in our middle school sample. We also see elevated rates of nonsuicidal self-injury in both the middle school and the high school samples. Similarly, our suicide variables are much higher in the sexual and gender minority youth compared to the nonLGBTQ+ youth. The same pattern with making a suicide plan and the same pattern with a suicide attempt. All of these are highly significant results. We do not see differences in a self-report of getting the help you need by sexual and gender minority youth compared to other youth. It would be true in the high school sample. The middle school sample, we have a little higher, but that result was not statistically significant.

We also asked questions on adverse childhood experiences (ACEs). I am only going to show some of those indicators, and I will talk about the additional indicators we also include. This is looking at lifetime exposure to ACEs and you see the highest proportion of youth are reporting emotional abuse. We have about a third reporting physical abuse, 10 percent sexual abuse, and 12.6 percent physical neglect. Then, if we keep going down to the areas of household issues, 25 percent of parental substance use and about 16 percent had an incarcerated family member living in the home. The middle school sample has one fewer question. We are moving to the same questions being asked in both the middle school and high school samples in the future. It is the same pattern of prevalence in the middle school

sample. Some additional ACEs we measure include housing insecurity and food insecurity. We looked at bullying earlier. We also look at other forms of sexual violence within a dating relationship, for example. If you look at the overall ACE score, you see 22.7 percent and 26.7 percent of the youth did not report any of what we would call standard ACE measures. But if you look at these higher-level categories—for example, the four or more ACE category—we have 21 percent of the high school youth reporting four or more ACEs, 14.3 percent of middle school youth. Part of the difference between the two groups is because the middle school youth have one fewer indicator and it makes a difference on the ACE score. What is important with mental health indicators is this strong graded relationship between ACEs and experiencing a mental health outcome. It is similar for the relationship with both our high school and our middle school sample. You see that among the youth who report zero ACEs, only about 3 percent to 4 percent of the youth thought about suicide in the last 12 months. But that increases to close to half if we get to the four more ACE category. The same pattern is true for our suicide attempt data. I could show you every mental health indicator and every substance use indicator and you are going to see the same graded relationship unfortunately. We are also measuring adversity that goes beyond the individual level. We are linking data on child poverty, adversity within the community, and violence within the community; we have other indicators of adversity as well.

The YRBS is focused on risk, but we have embedded several measures of resiliency or positive youth experiences. We are going to be adding more domains in our next survey administration. Here you see the high school and middle school sample that are self-reporting, some positive experiences around communication with their family members, and some positive experiences around school connectedness—feeling like they belong at school and having a good relationship with teachers. When we look at these measures, we find the same dose-response relationship we saw with ACEs, we see in the opposite direction. The more resiliency and positive childhood experiences a youth has, the lower the prevalence of those mental health outcomes. We also have found that, particularly in the middle school sample, we are able to buffer some of those negative experiences. For example, if they had a high level of electronic bullying or maybe an ACE measure, this resiliency could buffer or bring down that negative mental health outcome. The positive experiences are important, and they seem to be a little bit stronger in terms of their connection to mental health outcomes in the middle school sample.

This is a link to our reports and information. We are currently working on getting out the 2023 data, but you will be able to look at regional differences, racial and ethnic differences, and other things like that. I can also send more information on other behavioral health outcomes if that is of interest to the Committee.

Chair Bilbray-Axelrod:

Please do send that—if you want to send it to my email or Committee staff, and we will make sure we get that information out.

Next, we will have Christy McGill with NDE and Dr. Malinda Southard with DHHS. Please go ahead when you are ready.

Christy McGill, Deputy Superintendent for Educator Effectiveness and Family Engagement, NDE:

I want to clarify, we will be using the term behavioral health, which is inclusive of the whole continuum of the child and includes mental health and social and emotional learning (SEL) ([Agenda Item IV D](#)). You heard a lot already about the why, so I am not going to go through this. The one thing I want you to remember is our students now are living with

chronic illness more than any other student in the past whether it is mental health, physical health, developmental, autism, diabetes, and asthma. Because of this and because our schools are blessed to serve all kids, those needs must be met. It is why my partner from Medicaid will be presenting alongside of me, and what some of those strategies might look like.

Some of the strategies the CDC recommends is already going on in many of our schools. If you go into our schools, sometimes you will see things that promote mindfulness and SEL. We have SEL standards aligned with the academic standards in most of our schools now. This shift to looking at, we are a digital world, but our schools are amazing places to teach that social-emotional bonding between humans. It has risen to the surface with this generation. Anything from Tier 1, the SEL, to Tier 2, the interventions and group work, and Tier 3, many of our schools are doing comprehensive mental health services in the schools to make sure they have what they need to continue with their education.

I know you have heard me talk a lot about MTSS. We have a strong relationship with UNR, who has been working on this project for about eight years. Currently, we have ten districts implementing MTSS with fidelity in 149 schools, accessing 99,419 students, and this year alone, 41 trainings. There are district leadership teams that meet each month to look at how we implement MTSS. The reason many of the districts, NDE, and partners—you heard today—look at MTSS is because it gives us a framework to look at the data so schools and districts can tailor the intervention to the needs of that student population. It is not a one size fit all. As a result, implementing MTSS takes time. It takes one to three years to stand it up properly. This is free training if you ever want to go in or have people with questions. Multi-tiered systems of support are a little abstract, and here are some quick trainings to take a look at the system itself.

The four main strategies of this system to look at the whole child is that universal screening, that progress monitoring. It is not enough to just start an intervention; we need to make sure the systems are in place to progress monitor that intervention to ensure schools are making the positive student outcomes they are trying to do. Also, looking at tiered interventions increasing with intensity. This is important because when schools do that Tier 1—this is their job; Tier 1 instruction, math, reading, and also SEL. When that is done well, we see a decrease in the needs for Tier 2 and Tier 3. It is why Tier 1 and prevention is so important.

Some of the outcomes. When we see schools implementing the behavior side of MTSS, we see a decrease in problem behaviors and dropout rates, and we see gains in the school climate survey. It cools the climate. Everyone knows the expectations, and we start to catch kids before they fall.

One of the things you may hear about is one system, multiple practices. There is so much pressure put on schools and there is so much stuff out there they have to do. With a MTSS, it looks at what is working, what is not working—we can get rid of those things, and if we need to bring in new interventions to meet needs—both on the academic side and on the behavior side. The process is the same. It is symmetry.

We have a couple of projects we wanted to highlight around what school-based mental health looks like. One of those is our Project Advancing Wellness and Resiliency in Education (AWARE) grant. This is the second time NDE has written on behalf of a few districts. The districts piloting and working through school-based mental health right now are Washoe, Carson City, and the Nevada State Public Charter School Authority. They have Tier 1 goals all the way up to Tier 3, and then the system goal with MTSS. As you can see, an increase of awareness of mental health issues among school aged youth is one of the priorities. Also,

making sure youth get to services earlier especially in those early years. You can see the number of students who have had interventions and screenings. You can see up through the supports and what has occurred in these two projects. If you have questions, you are welcome to ask us or the districts themselves.

The second project I wanted to bring to your attention is the Trauma Recovery Demonstration Grant program. This one is a unique grant that Nevada has done well with. Nevada has created a network of community-based service providers so if a child has experienced trauma and they do not have the ability to pay for services, this grant will pay the provider to see those students. For example, if a young person had a primary care giver pass away and, perhaps, they are on a limited insurance model that does not include mental health, this grant can include those services. We work with 35 different mental health agencies and over 300 providers. One of the things we wanted to make sure, and what we learned, is when it comes to trauma services, choice for the family and students is important. Having a diverse amount of providers and being able to meet the needs of those specific—even in our rurals, sometimes our rural people do not want to go to the mental health provider on the corner, so telehealth has also been an important component of this project. More than 1,200 students have accessed this, and over 23,000 hours of therapy has occurred to help students recover from trauma.

I want to leave you with a few recommendations. One is the whole child approach, you heard that from multiple people today through the MTSS, to make sure the interventions match the needs of the students. Prevention is very important, that SEL. Doing that well reduces the amount of need for Tier 2 and Tier 3 services. Then, also making sure we erase the barrier between school-based services and community health services. Our students need both. School is a place they are learning to live and grow up, so these services need to be in schools as well as in the communities and there needs to be communication between the two. I know a lot of people say, let us focus on community services and then there will not be the need for school services. I think we can reduce the need at schools, but we will still have the need for Tier 2 and Tier 3 services being implemented in our schools. Let us make sure our schools have the necessary resources and funds they need to do this well. With that, I am going to turn it over to my partner because she has strategies to help bring schools and districts those resources.

Malinda Southard, D.C., C.P.M., Deputy Administrator, Division of Health Care Financing and Policy, DHHS:

Good morning, Madam Chair, and Members of the Committee. I am one of the Deputy Administrators at the Division of Health Care Financing and Policy, otherwise known as Nevada Medicaid. I appreciate the opportunity to present alongside our partners at NDE today.

We have received national guidance from our partners at the Centers for Medicare and Medicaid services (CMS) in consultation with the United States Department of Education in encouraging states to increase crucial health care access to children. Keep in mind, during policy development, health care services delivered in schools are an excellent opportunity to meet kids where they are and provide this much needed support. Note the term *school health services* can include all services covered under our early and periodic screening, diagnostic, and treatment (EPSDT), otherwise known as the Healthy Kids program in Nevada Medicaid. The EPSDT program includes a comprehensive array of preventative, diagnostic, and treatment services for people under 21 enrolled in Medicaid. This national guidance further notes that schools can be a place to help enhance early identification of health needs and connect students to a broad range of health care services,

including mental health and substance use disorder services and other community-based services.

Now, I would like to transition over to providing the Committee with an update on the progress made through Nevada Medicaid as it relates to school health services. Beginning in 2019, the Division submitted to CMS and received approval to expand coverage of all school health services to all eligible students. This meant that Nevada Medicaid is now authorized to pay for all eligible services to Medicaid eligible students beyond those required in an individualized education plan (IEP). So far, about half of our school districts actively bill Medicaid for school health services.

Next, I would like to highlight that currently in counties where the school district bills Medicaid for services, the county is responsible to pay the State's share of costs for these services while the federal government picks up the rest of those costs. These counties paid the State for Medicaid covered services billed by public schools through an intergovernmental transfer via a contractual arrangement with Nevada Medicaid. In a recent announcement made to the district superintendents to help improve access to school-based health services for students statewide, all Medicaid covered school-based health services will now be covered by Nevada Medicaid at no cost to the localities as of July 1, 2024. This aligns with the Division's goal of promoting greater access to school health services.

Third on this list, we would like to highlight that Nevada Medicaid covers a broad set of behavioral health screenings, assessments, treatments, and services for children in schools. Nevada Medicaid is also involved with our partners at NDE and a multi-agency state team conducting a school survey and in-person statewide listening tour with each school district this spring. I wanted to highlight this because in that same vein of improving access to health care services, the Division is highly interested in improving the relationships with school districts and our other State agency partners to the best possible level.

One of my roles at the Division is to elevate school health services to a platform where we can actively collaborate on improving our Medicaid policies and removing barriers and challenges faced by schools when billing or looking to bill Medicaid for services. One of the first steps in this improvement is meeting face-to-face and having the opportunity to sit, talk, and listen with the schools themselves. We have already started on these visits, and I am grateful to say we have already learned so much from the schools we have met thus far. I am truly excited about the upcoming changes to streamline the school health services program in Nevada, a direct result from these very conversations. As you may have picked up, one of the primary goals of the Division, when it comes to school health services, is to clearly understand the unique billing barriers facing each school district so all State partners have the resources and ability to provide a more tailored approach of that targeted technical assistance to each individual school district.

Lastly, the Division has applied, on behalf of Nevada, to CMS for a grant opportunity for the implementation, enhancement, and expansion of school health services. A primary focus of the proposed budget we put forward is to support a billing and electronic health records (EHR) vendor available to school districts. The hope is to remove the financial barrier for schools already or interested in billing Medicaid to first acquiring that billing vendor and EHR system to do so.

Again, we are extremely thankful for the positive relationship and collaboration felt between Nevada Medicaid and our variety of State and local school partners. We are excited at completing these revisions to the school health services program to continue to remove barriers and make it simpler and less time consuming for schools to bill Nevada Medicaid and receive reimbursement for services they are already providing.

Ms. McGill:

I want to leave you with one last resource on this topic and that is our students. If you have not met this generation of students, you should. They are amazing and they will crash through all mental health stigma for us. When you are considering, make sure you bring them in. I concur with NAMI, those peer-to-peer strategies and the students themselves are good about talking about mental health, much better than we are. Please utilize them as a resource and bring them to those leadership decisions as well.

Chair Bilbray-Axelrod:

Thank you for being here. Unfortunately, we will not be hearing from the National Association of Social Workers, Nevada Chapter, but maybe we can get them at some point. We will go to Jessica Shearin, with the Nevada Association of School Psychologists. Begin when you are ready.

Jessica Shearin, Ed.S. President, Nevada Association of School Psychologists:

I am here today to talk to you about who school psychologists are, what we do, and what we bring to Nevada currently ([Agenda Item IV E](#)). Who we are? We are highly trained professionals in the schools. I often say school psychologists are some of the psychologists who are most educated in education and educators who are the most educated in psychology. We are trained under ten different domains: (1) database decision-making; (2) consultation and collaboration; (3) academic interventions and supports; (4) mental health and behavioral health services and interventions; (5) schoolwide and systems level practices to promote learning; (6) services to promote safe and supportive schools; (7) family school and community collaboration; (8) equitable practices for diverse learners; (9) research and evidence-based practice; and (10) legal and ethical practices. There are bullet points on the presentation with more ways we support those areas. The majority of school psychologists' time is spent completing psychoeducational evaluation for special education services. Conservatively, about 80 to 85 percent of our time is spent doing that. Since we are completing assessments, writing reports, contacting parents, and contacting educators, we are not spending our time doing the things we are most trained to do, which is mental health supports. As we have talked about so far from the other presentations, this is a high need in Nevada. We need school mental health professionals providing students with the services they need. Not to discount the work I do every day completing the evaluations, it is also highly important, but we need to find a balance to provide all levels of the services we are trained to do.

Why do children need school psychologists? All kids can face challenges. They can have needs for short-term and long-term mental health support, and when there is not someone available to provide support it leaves needs unmet. We are here to support all other school mental health professionals—the counselors, social workers, nurses, teachers, administrators, parents, and everyone involved in a student's life. We are one member of that team. We provide a lot of valuable resources for students.

Where are we now? Between 2016 and 2020, the number of children and youth, ages 3 to 17 diagnosed with anxiety, grew by 29 percent. Those with depression grew by 27 percent, and of those, 80 percent did not receive any treatment. Of the youth who did receive treatment, 80 percent received it at school. To put that in terms of a classroom, if you have a classroom of 30, 6 of those kids are going to have a mental health need, and of those, 4 to 5 will not receive treatment or any type of support. It is hard to break down 1 to 2 students in 80 percent. In a school, there are a handful who are getting the support they need. There has been a major increase in the behavioral needs of our students, and we do

not have enough supports to give them what they need. In 2022, the ratio of school psychologists to students, as others mentioned, was 1 to about 1,900; our recommended ratio is 1 to 500. The 1 to 500 does not mean our job would be easy, but it does mean we would be able to provide the full spectrum of services we are trained to provide. With limited funding and limited access to those services, it makes our job hard. As others have mentioned in other presentations, school counselors are also almost double above their ratio and school social workers are far above their recommended ratios. It means students' needs are not being met.

Ways to support mental health. We need to sustain investments in comprehensive school mental health and behavioral health delivery systems that encompass mental wellness promotion, early identification and early intervention, and a continuum of increasingly intensive interventions.

Another presenter mentioned MTSS, we need solid Tier 1 supports for behavior. We need a continuum of solid Tier 2 interventions for behavior. We need solid Tier 3 supports. We need access and connection to community-based supports. It does not just have to be within school, but the schools need to be able to connect to the resources students need. Early identification of concerns and access to supports is critical.

We need to reduce the ratio of school mental health professionals to students. We do that through pathways. Some pathways exist to get access to higher education, to get into the field of school mental health—either through counseling, social work, or psychology within schools—we need to continue those efforts. We need to fund those pathways and increase the awareness to those pathways.

We need universal screening and early intervention for students identified as being at-risk for having mental health issues. Making sure we are identifying, as early as we can, if there are risk factors present.

We need to develop community and school partnerships based on collaboration between school psychologists and other school employed mental health professionals and community agencies and providers. Requiring professional development for all staff to identify those early warning signs of mental health concerns. I know we cannot put all the needs of students on the backs of teachers. Teachers are so overworked and overwhelmed. We need everyone in the school building from the front office staff, teachers, support professionals, and custodians to be able to identify those early warning signs because anyone who has a relationship with a child in a school can make a difference. Identifying when someone is at need and being able to see that child is the most important thing anyone can do when it comes to school mental health.

We need to effectively utilize school psychologists in the school setting to provide those mental and behavioral supports we are trained to do. Currently, I am in Clark County and at three schools. My ratio is close to 2,000, and I have not been able to make the connections to the students I serve that I would love to make. I am in survival mode of surviving day by day, and I know I am not alone in that. Being able to reduce those ratios, reduce our caseloads, and get us to do the work we are so capable and trained to do is important.

It is also important we create trauma sensitive school environments that fit within a MTSS. The framework of providing a tiered level of support and all students being able to access supports is critical. We also need to have a trauma informed and focused lens because everyone, at some point in their life, will experience some kind of trauma. We do not know when someone is going to experience trauma or when they have experienced trauma so

making sure everyone is fully aware and trained on trauma sensitive practices is critical as well and helps build those relationships, which are very important.

The next thing I will talk about is why we need more school psychologists. We need a comprehensive approach to reach the recommended ratio. Not only filling existing available positions, but also increasing the number of full-time positions available. Coordinating with our local universities to offer high quality practicum and internship sites. I know CCSD says UNLV is one of our biggest recruitment tools because so many of those students come into our district, but we need to retain them. We need to make sure they stay. We need to continue those partnerships with other local universities.

Finding ways to reallocate existing school psychologist's time; reducing paperwork, having someone to help make phone calls—the little things that take up so much of our time. Finding ways to reallocate that time will help us to provide the services that are so important. Ensuring there is a competitive salary and benefit package to recruit and retain highly qualified school psychologists—that is the biggest thing that is going to keep school psychologists around.

Then another thing that is new within school psychology and something our national association has been in the early stages of what is called the Interstate Compact for School Psychologists. This would establish an additional licensing pathway that creates reciprocity amongst participating states. For example, if both California and Nevada were to participate in this Compact, it would be easy for someone to move from California to Nevada and practice as a school psychologist without having to face the barrier of licensure. It is something I wanted to plug. The Nevada Association of School Psychologists will be sending representatives this summer to our legislative summit in Washington, District of Columbia. To get more information, sign our organization on, and say we are willing to do our part with our legislation to work cooperatively to push this Compact because licensure can be a big barrier. If we eliminate that barrier, it is one less thing to worry about when it comes to bringing school psychologists to Nevada. Thank you for your time.

Chair Bilbray-Axelrod:

Finally, we have Kassie Griffin with the Nevada School Counselors Association, and then we will open it up to members for questions. Please go ahead when you are ready.

Kassie Griffith, Board Member, Nevada School Counselor Association:

I have been a school counselor in CCSD for 18 years. Today, we are going to be talking about the need for school counselors as well as school-based mental health professionals, our students' needs, the mental health concerns they face, and our current programming in place in Nevada ([Agenda Item IV F](#)). The Nevada School Counselor Association is about 900 members strong. We provide professional development for school counselors to build capacity so they can have resources and ideas to help our students and serve them as much as possible. We also advocate for the rights of school counselors across Nevada and the United States.

We have talked a lot today about mental health disorders and students. To point out what has not already been said, there are several students in Nevada diagnosed with a mental health need, and Nevada is ranked 51st out of the nation in mental health access and those resources for our students. We have not talked about when students cannot get to those mental health resources, they turn to our school-based mental health professionals. We become that primary mental health provider and with our ratios that have been discussed, it becomes difficult.

Earlier, it was discussed about the Nevada school and suicide deaths. When we look at those rates, up to age 17, we see it has been consistently above 15 completed suicides since 2015. Some years reach far above that. It is a very big concern. In our schools, the school-based mental health professionals are charged with reaching out to students when we see that need or if it is being presented to us. We are the ones helping to assess that risk and linking them to those essential and vital community resources.

Our school-based mental health service provider numbers; we talked about the shortage. We know there is a nationally accepted best ratio. School counselors, specifically, have a 1 to 250 ratio. We are staffed about 50 percent less than that. Most of our ratios are about 1 to 463. However, there are schools that have no counselors and some that see a much larger caseload. We are ranked 10th worst among all other states for the least school counselors per student. We also have about 1,200 or less school counselors for over 482,000 students. Counselors who are based in schools, we focus on individual and group sessions to build skills to overcome social and behavior challenges and improve academic performance. About 80 percent of our time is spent either between indirect or direct services providing them to those students; the higher caseloads make it difficult sometimes to get to all the students in need. There are statutes in place that mandate a school counselor; however, there is a clause that says, "shall the money be available." It makes it difficult because there are schools without a school counselor where maybe their budget does not allow for a school counselor and those students are lacking that professional.

There are several issues our students in Nevada face. Some of those are anxiety and stress, the suicide risk—what we just talked about, homelessness, bullying, chronic absenteeism and the barriers that get in the way of them attending school, trauma, and the access to services.

In CCSD, we have the Panorama Education survey, and it is designed to capture a student's voice. It lets schools know what is going on with our students, whether it is the school climate, the culture of their classroom, something at home, or their friendships. At the schools, we use the data to be proactive in supporting those students and their well-being and then address their social-emotional needs. Looking at these results, in secondary, there is an increase of the raise your hand category, and that is when students are wanting to talk to an adult at their school, privately, about a challenge they are experiencing. I think it speaks highly of the need for that school-based mental health professional because most of those challenges are things they do not want to talk about in front of a large group. We know we still have some work to do. We have supportive relationships on the growth in our elementary schools, that is another highlight, but we need areas of growth like a sense of belonging in our secondary schools and emotional regulation in our elementary schools. Again, that is where our school-based mental health professionals come in because that is what we focus on to help them navigate through those concerns.

Since COVID-19, we have a lot of technology in our schools and there are some great effects of that technology. However, there are concerns on the rise. We know students will use it for research. They will connect with social media, but sometimes social media comes with the unfortunate adverse reaction of, "Am I good enough? Do I have enough likes? I do not look like that person on social media. This person made this comment, or they did not like it at all." There is also mental health support out there that will be used as an avenue through social media. There are good benefits but the more they use this technology sometimes it increases the addiction, which we have to work through at schools.

The current support that exists in Nevada. We have tons of support in Nevada. Nevada is doing a great job; however, there is always room for more. There have been several entities that have talked today, but some of them not here that school counselors use are

Youth M.O.V.E. (Motivating Others through Voices of Experience) Nevada; Nevada PEP; the Mobile Crisis Response Team; the crisis hotlines; 9-8-8; SafeVoice; NAMI; and Nevada 2-1-1. One not listed is CCSD—they provided support with initiatives that have allowed school counselors to use things like Hazel Health, Panorama Education, and helped us to connect with different community resources. They also helped teachers to implement new health standards that connect SEL and mental well-being into our classrooms. It is helping to support what school counselors do. Specifically, I can talk to the elementary level when I teach a lesson about SEL, the teacher can then use that same idea to back it up with their health standard. We are coming together to collaborate to become an aware culture.

There are community groups meeting to improve mental health. As I stated, CCSD has been partnering with community providers to create resources for students and families making it accessible and easier for us to use these initiatives implemented in our classrooms. They include Care Solace, RethinkEd, Panorama, The Harbor, and Hazel Health. They have also secured grants to help increase mental health programs and staffing. The University of Nevada, Las Vegas, is not listed on this slide, and they have been a great resource for us whether it is a referral source or advocacy for school-based mental health providers.

What do our students need? They need more school counselors, social workers, and psychologists. We talked about the ratios affecting the access to those health care providers in school. We are becoming the primary mental health providers. It is hard. I can speak to my own experience when I make a referral, sometimes it takes months. The interim between the school connection to the community resource—we are that person. Sometimes the barriers include access to services. Telehealth has helped, if you can make that referral to Hazel Health or other community entities that offer community telehealth. It has been work working well. Transportation assistance is a barrier. Sometimes the parent or family is willing to get the help, however, work schedules or the car—some of these resources are far away depending on where you are in the city or the region, specifically in Clark County because we are so large that gets in the way as well.

Our future plans; we know CCSD will be applying for the federal Mental Health Service Professional Demonstration Grant Program during SY 2024–2025. The grant will help to create a pipeline for more school-based mental health professionals. The Hope Means Nevada roundtable will be meeting, and the grant experts will discuss potential grant opportunities to fund State mental health nonprofits. This will hopefully help them to continue their roundtable discussions. One of the concerns brought up is when those grants through COVID-19 or ESSER expire, where are we now? Securing more funding, the grants, and creating pipelines and pathways for more professionals to help in the schools is necessary. Then, also looking at funding in budgets for schools so we can make sure our schools are fully staffed. Whether it is looking at those schools who have no school counselor and getting a school counselor in there. There are some schools that have three school counselors. How do they do it? Looking at what models are working and how can we adjust what we are doing to see if we can match it, so our students are impacted.

Lastly, I want to thank everybody for your time. I appreciate the partnerships between our Nevada school districts and community organizations. They aim to improve mental health, obtain the greatest impact, and increase the school-based mental health workforce. We need to work together and continue to grow capacity. On a personal note, it is near and dear to my heart when you are able to help a student in need, who feels like they have nobody else to talk to, and you are the one person who can talk to them. It is very hard when you are running around trying to service 500 to 900 kids at times. You have to say, “I will get to you as soon as I can,” and that is very hard to say. I appreciate the opportunity to help spread the word for the need of our school-based mental health professionals.

Chair Bilbray-Axelrod:

Thank you for the presentation. Members, I know it has been a lot of information, I appreciate you waiting until the end to ask questions. We will start with Assemblywoman Anderson.

Assemblywoman Anderson:

I want to thank everybody for presenting incredibly upsetting news. I know sometimes it is easy for us to think we only have to do positives, but if we are going to make changes, we have to look at the negatives too. I appreciate your candor and the alarming statistics. My first set of questions will go to NAMI. Thank you for your candor and courage in presenting your personal history, we need to hear that. You mentioned the need for more youth peer support specialists and possibly an assembly that could be done at the schools. What ages are you looking at for that, because it sounds good.

Ms. Reedy:

I believe she was talking about having an assembly meeting to present the Ending the Silence program. We typically come in and present it to health classes and they would be middle school to high school ages. It is where we have a parent who has the lived experience and a student, now 18, but had that lived experience as a student. We did, I think, five classes in Reno a couple of years ago before COVID-19. It was fascinating how the student and teacher reactions were throughout that day and presenting back-to-back to each of those classes. I believe Ms. Bernhardt discussed having an assembly type of presentation. Again, we are bringing in the voices of individuals who have lived what they are going through now.

Then, yes, youth peer recovery specialists. We have the Peer Recovery Specialists' program where they get certified. In the classes, we do about 100 hours of training, and they also get certified as community health workers. It is a way of getting people who are in recovery into employment, doing work that helps them in their own recovery and helps people get through their recovery. Ms. Bernhardt is a Youth Peer Recovery Support Specialist.

Ms. Bernhardt:

I think youth peer support specialists are not being as utilized as they should be. When I was young, I had multiple therapists and multiple school psychologists—school counselors. The most support came from wraparound coordinators, which in my state, at the time, was considered a community health worker in actuality. I needed a youth peer support specialist to tell me, "Life gets better. This is where you are now, but this is what it could be." When a therapist would give me advice or coping skills, I would try them, and they would not work. I got to this point where I said, "How can you understand what I am feeling, and how can you tell me this?" I think the lived experience is a very important component of mental health.

Assemblywoman Anderson:

How eloquently you said that. It was such a beautiful comment about the lifted shared experience. You state there were 12 counties currently using Nevada TTL and the average was 10,000 per month. The individuals who are responding to those texts, are these the same people who went through the training you just mentioned? Or are they different trained professionals?

Ms. Reedy:

The teen text chat line, as well as the Nevada Warmline, they are trained as peer recovery support specialists. With the teen chat line being within the ages, I think, up to 28 years old. Again, they are people who have that lived experience, went through school, and were trained again as peer recovery support specialists. We had a grant funded by the Division of Child and Family Services, DHHS, where we have been able to train youth specifically for youth peer recovery support specialists. The TTL has been able to give those hours because there is a certain amount of intern hours you need to eventually receive that certificate. Yes, they are trained through that program.

Assemblywoman Anderson:

Again, I want to thank you for all the work you do with this, it makes a difference. As a classroom teacher, I see where my students are struggling. I appreciate as well, the time frame of changing it up until midnight. My students have my cell phone in case they ever need it, and I have received those texts at 1 a.m. I know many of us on this Committee feel the same way about our kids. Thank you for recognizing the need to have it as nontraditional hours.

My next question is for NDE. The first question had to do with discussion about MTSS and how schools are using it. I know for a fact that schools in Las Vegas are utilizing MTSS; however, that was not included and the whole Clark County was not included. Is that because MTSS is based upon a site-based decision, or is it because the data is not being sent over to NDE for inclusion?

Ms. McGill:

Yes, Clark County is one of the districts implementing MTSS, but not all schools are implementing with fidelity. Again, there are a couple of ways to implement MTSS. There is experimenting with it, learning with it, and then you get into the true implementation. What you saw in the data I shared today were those schools that were implementing.

Assemblywoman Anderson:

Thank you for that clarification. I did not hear them as one of the districts, and I want to make sure they were, in fact, part of it. My other question with your presentation, I wanted to make sure I have this right for the clarification of data from you, as well as from UNR and UNLV. With all the data, you refer to students, are these students who are attending traditional public schools, charter schools, and private schools; are they also homeschooled, or is this an opt-in data discovery?

Ms. McGill:

Depending on the data set you are referring to. If it is on the broad level, it is all children—if we are doing CDC; UNR and UNLV can probably answer that as well. When we are looking at health and it is coming from a community-based perspective, it encompasses all of those things. When it is coming from an NDE perspective and we are taking it from the Nevada Report Card, it is just our students in the public schools and charters.

Assemblywoman Anderson:

Thank you and that is my other question for UNR and UNLV, who utilize data. If you could clarify the data points, if it is coming from traditional public schools, charter schools—as

NDE mentioned, as well as private schools and home school students. Or if it is only coming from the public school system.

Dr. Clements-Noelle:

For the YRBS, it is only coming from the charter schools and the public school system; we also sample our tribal schools. We would not have data from home schools or private schools. We have had some private schools who want to join the YRBS, and we have talked about that, but other schools do not want to. It would be something we would be open to.

Dr. Damore:

We reviewed the three fact sheets there and it is a mix of data sources. Some of them are all youth, under 18. Some of them focus on students in school, particularly the ratios of the school psychologists and social workers, those are focusing on the public schools including charter schools.

Assemblywoman Anderson:

Thank you for the clarification. I want to make it very clear that we have many students who are transient. We all know the cliff of how many students who have returned to our schools has not been the same, whether it is in the traditional public school, in the charter school, or in the private sector. I have a feeling some of the data we are getting is not as accurate as we want it to be, so that could be a problem.

My last question has to do with the staffing level. Dr. Hunt, it was great working with you during the last session. As I look through the many different data of how we need to get more counselors and more psychologists; what seems to be the top three barriers, with the exception of money? What is the largest issue? Are we seeing more of these private-public partnerships? Where money is coming from the State to hire people and yet we cannot find them to become State or district employees so then we have to do outsourcing, for lack of a better term?

Dr. Hunt:

I may not be the best person to respond, especially if you are talking about the hiring pathways and policies for school-based mental health. I would refer more to the representatives from the State professional associations. In general, when it comes to the workforce development in mental and behavioral health in the State, one of the things for community-based mental health is reimbursement rates from insurance being low. Even if you are willing to accept the reimbursement rate, it is how long it takes for that insurance company to reimburse you for the services you provide. There are stories of it taking months and sometimes up to a year or more. It is difficult if you rely on that to sustain yourself and your family. Those are a couple of big barriers. There have been improvements in the State with the pathway to licensure. There are still difficulties, especially in the rural areas. If you are coming out of a graduate program and you often need to have one more year of supervised practice, an internship year, and there can be a shortage of those board approved supervisors in certain areas. Then you may not find that pathway back to your home community, because you do not have someone there to provide that supervision. It is an area we want to keep looking at through BeHERE.

Assemblywoman Hansen:

The presentations have been insightful, depressing, and I think we are all going to need mental health support around here as well. Dr. Hunt, thank you for being here. I have a

couple of questions. When we were talking about recruitment, you addressed some of the issues why we have such a shortage—it could be Medicaid and the reimbursement rates across the board in the medical field are a real struggle. Someone mentioned the K through 12 school psychologists seems to be a difficult recruitment. Is it harder to recruit for school psychologists than per se we have a shortage already in the community? Is it more of a barrier to get those to come into the K through 12 space?

Dr. Hunt:

I may want to see if the representative from the Nevada Association of School Psychologists is still here. I would rather have them speak directly to that piece. In K through 12, when it comes to promoting careers in mental health—that would include talking about being a school psychologist or school counselor—historically, we have not shown up in that space like our colleagues in nursing do, pre-med, to promote those career options.

Dr. Shearin:

I get excited when I hear school psychologists mentioned and am happy to talk as much about it to anyone will let me, as long as I have a captive audience. If the question was about barriers to recruiting school psychologists. In Nevada, historically, it has been a very difficult process because there is only one active program for school psychology in the entire State. It is at UNLV. There is a program through Nevada State University, which will be accepting its first cohort this fall, but there are no programs up north. If we have one program that is graduating about 10 to 15 educational specialist level, school psychologists, not every single one of them is going to stay in Clark County or in Nevada. Many of them leave for internships, and see greener grass and decide to stay there. It is one of the biggest issues I noticed as being a school psychologist in Nevada. We do not have enough programs putting students out and making it competitive or interesting for them to stay.

Chair Bilbray-Axelrod:

To clarify, even if we said, “Here is the money and go hire,” so we can get these ratios down. There is not the talent there, which is the idea behind AB 37—to create this pipeline.

Assemblywoman Hansen, do you have any other questions?

Assemblywoman Hansen:

I have two more questions. Thank you for pinpointing it so we can understand why we are at a loss for recruitment unless it were to come from out of state.

Could you distinguish the difference between a school psychologist versus a social worker versus a school counselor? A school counselor, in my mind, is who I went to when I needed help figuring out classes and if I going to college, what was I going to do? I am trying to understand; this is a whole new world. School counselors, I am assuming, are more in the mental health space. Are they doing both? Are they doing academic counseling and mental health?

Dr. Shearin:

It is very nuanced, and we have a lot of overlap when it comes to the roles and responsibilities of school psychologists, school counselors, and school social workers. We are all trained in school-based mental health. If a student is in crisis, any of the three of us can provide high-quality supports for a student. We are all trained in social-emotional behavioral

development. We are all trained in the educational process. However, our specialties are quite different. A school psychologist, as I mentioned during my presentation; we have a lot of training about special education, law, criteria, and supports and academic and behavioral interventions and supports. I am not the expert in school counseling, but school counselors provide a lot of schoolwide supports. If we think of it in the MTSS triangle of Tier 1, Tier 2, and Tier 3—school counselors do a lot of Tier 1 support and heavy lifting. School psychologists do a lot of the Tier 2 and Tier 3. School social workers do a lot of that Tier 3, that individualized support connecting an individual student to their resources and finding those wraparound supports of making sure the whole child, the whole family, and the whole ecosystem of that child is supported.

Dr. Hunt:

I would say ditto, that was a good descriptor.

Assemblywoman Hansen:

Thank you, that was very helpful for me to understand.

Ms. McGill, thank you for being here and all you do. In your recommendations, you mentioned the whole child approach, I missed the second one, and then erase barriers for school-based and community-based. What was your second recommendation?

Ms. McGill:

Thank you for allowing me to say the recommendations again. The whole child approach is captured in the MTSS and making sure we are doing early intervention. The diversification of services was the second recommendation and making sure we had the services and that we are meeting the student needs. We have students presenting with all kinds of different chronic diseases, so we want to make sure we have the specific strategy and intervention to meet their needs—the diversification. Then, the further collaboration with NSHE and Medicaid as well.

Assemblywoman Hansen:

On the CDC recommended strategies—it said multiple things, but it also said promote mindfulness. When I think of mindfulness, we are distressed by this tremendous increase in anxiety, depression, and suicidal ideations, which you are having to deal with once these poor children have come, in my mind, over the cliff. I am trying to have us get ahead of that, and I am sure you are too. I have been reading and following about the influence of smartphones and what that does for mindfulness. What is social media doing to the anxiety, depression, and suicidal thoughts of our youth? As a Legislator, I am exploring the ideas about how we can promote more mindfulness in our schools. Visiting the idea of maybe phone-free schools or phone-free areas of learning. Does NDE have any thoughts in that space? I know we let the school districts do a lot of their own work. Is there an appetite or a place for us to address it at the State level to create some mindfulness—maybe that is not what the CDC means, but that is what I am interpreting it—so we can help our youth have a break and focus on learning? To get away from bullying online, at least in their school space they can be safe.

Ms. McGill:

Mindfulness is fairly, I do not want to say new, but I think people are finally coming to the realization and the importance of it. It is a Tier 1 or universal approach. For example, we have teachers who are practicing mindful moments, especially before a test when your

heart rate may go up. A mindful moment helps to calm the heart rate and the anxiety, so you can jump into your test, fully aware and applicable. It is neat to see the teachers and students in the classroom talking about these things. "My heart rate does go up. I am feeling anxious right now when I test." Some kids are feeling anxious about not having a partner to sit with during lunch. To have those conversations in the classroom itself is a great thing. There is always that balance of what is mandatory and what is not and what is best for the kids. The mindfulness and that SEL, I cannot think of any district or school that is not doing it already and doing a good job of incorporating it into their academics. As you said, it is important and becoming important for our schools to have those connections with our students. With the increase of things like artificial intelligence, the content of what we are teaching may change, but the necessary interaction between our adults and teachers and kids will never go away.

Assemblywoman Hansen:

I will give you a pass on my idea of phone-free schools. We will visit that another time. I know it could be controversial.

Assemblywoman Anderson:

My last question has to do with presentation from the Nevada School Counselor Association. The last slide, it is great that CCSD is applying for the federal Mental Health Services Professional Demonstration Grant. Since you are representing the entire State, has there been any reaching out with other districts doing the same thing or is this only a concentration in Clark County? Also, I wanted to thank UNR for bringing forward the tribal schools as well, because we also need to make sure they are included.

Ms. Griffith:

I only have data on CCSD's grant application, our representative from Washoe was not able to make that, so I would not be able to speak with true fidelity. I do not want to generalize and give you the wrong information. We know a large amount of our students are in CCSD, it does not mean up north is any less important, I know the representatives up there are working closely with entities and trying to get more community involvement to create more resources, but I am not sure about that grant.

Ms. McGill:

Clark County is going to specify in their specific needs. This grant has multiple awards and because Nevada's needs are so great, we decided Clark County should submit on their own because there is a large need. Then, Washoe and the rural districts would also submit a grant focusing on Grow Your Own for school-based behavioral health professionals working with UNLV's apprenticeship programs and expanding that, and also working at more evidence-based strategies for our existing professionals.

Assemblywoman Anderson:

Great. I want to thank everybody for collaborating with each other in this way.

Chair Bilbray-Axelrod:

Next, I will go to Senator Dondero Loop for a battery of questions.

Senator Dondero Loop:

Some comments and questions. First of all, I will jump into my colleague in the north asking about phone-free zones for schools. To my knowledge, there are schools that have phone-free zones. I was recently at a middle school for a fifth grade orientation for those students coming into middle school next year. The principal had three rules: (1) take off your hat; (2) put away your phone; and (3) have fun. She said for the first three weeks, there are lot of phones that get stored in her office and after that, she does not see phones. Kids can have them, but it does not mean they are out on their desks. There are schools making progress and creative solutions for that.

I want to thank you Ms. Bernhardt. We presented several bills last session together and she was amazing. Two of those bills Ms. Reedy mentioned, SB 167 and SB 177—we are still working on. There needs to be some fine tuning on those. Ms. Bernhardt, first, I congratulate you on your new positions because I think you are very helpful. What do you think was a turning point for you to be a solution and turn your issues into that solution? What helped you to do that?

Ms. Bernhardt:

Last year, Ms. Reedy contacted me to be on these bills. I was going through a lot of different things—seasonal depression because that year we had winter for eternity. I was struggling with a depression I have not had since I was young. I thought I was headed towards a suicide attempt, but when Ms. Reedy contacted me to do these bills and public testimony on other bills, it was that feeling of helping someone and being a solution. Then, a youth peer support job was added to that. There is something about every time I share my story, it is very healing, and it gets easier to share. The connection to people who are like me, sharing my experience with them, and telling them there is hope. Our dreams can be a reality if we keep fighting and keep working hard. The connection is resilience, it is powerful, and it changed my life. It took me so long to find this point. It took me 26 years. It is amazing. Youth peer support, along with peer support, in general, is the most needed thing. It is the most important thing. It is crucial.

Senator Dondero Loop:

I asked the question because you and I had that conversation, and I wanted people to hear that from your voice. I think kids helping kids and being valued. When you said to me, which I have heard before, that a teacher said to you that you were helpless and hopeless. It hurt my heart as a teacher and a mother because we were doing bills, I found you to be hopeful and helpful—just the opposite. For that, I am forever grateful. In 2019, I did a bill with Hope Means Nevada and those students also testified. To have students or young people who have struggled, testify in these situations is so valuable because as adults, I do not think we recognize some of the issues the younger generation has dealt with. Thank you, I will be forever grateful for what you have helped me do, and we will keep working on this issue.

With that, I have one question, and we touched on this with the Assemblywoman's question. Is it that we do not have enough students in our mental health programs, or is it that we do not have enough spots? I know sometimes the spots are not available and sometimes it is the students.

Dr. Hunt:

For the most part, we have enough students coming in for the spots we have. Now, could we expand cohorts or expand where we offer additional academic programs such as school psychology? Definitely. What I hear mostly from the current training programs we have is they have a lot of applications coming in, but they are limited in the spots they can offer.

Senator Dondero Loop:

The reason I ask is because if there are not enough spots and we have too many students, then we want to work on, legislatively, how we can increase those spots. I do not want us to not be training our mental health and behavioral health students. If we cannot train them, we cannot use them. They cannot be where they need to be.

Dr. Damore, with your presentation when you talked about the youth mental health in the Mountain West, you talked about the ratios. We have tried to work on that within the legislative process. By talking about the spots we just talked about, is there something that can work? When we say 1 to 1,900; you cannot see 1,900 people. It goes back to when the Associations were asked, what is your job? You cannot see so many mental health or behavioral health students and try to help other students figure out where they are going to college. There is not enough time in the day. Then you have to meet with their parents because they are underage. Is there something that needs to be done legislatively to help the whole scenario—enough spots and ratios—to help this professional shortage?

Dr. Damore:

If you look nationally, you see the Sun Belt, in general, has low ratios. I think it has a lot to do with the growth—keeping up with the growth, one of our fundamental issues. This is the place, if this is something the Legislature wants to incentivize, this is where the funding formula comes in. If this is prioritization for workforce development, that is the place to make the argument. The universities can respond, but if the funding is not there and it is being pulled the other way. If this is something the Legislature want to see, we need to build these pipelines, we need to support Dr. Hunt's program. That is the place to do it as the Legislature revisits the higher education funding formula.

Senator Dondero Loop:

When you all talked about how many kids you saw over the years, are those the same kids somebody sees in middle school to high school, are those different students, or is it a combination?

Dr. Hunt:

I was going to ask for clarification.

Senator Dondero Loop:

When we talk about the suicide rates and those students we see. There was a slide from UNR as well. We see the kids in middle school and then the kids in high school, and we see the years versus the percentages. Are those the same kids we are seeing or do those become different students who have suicide attempts? Obviously, completion would be a different category.

Dr. Hunt:

It is a good question, especially with the data UNR presented. I am not sure if they would know on their end if they were getting repeat students submitting responses to that. I would also defer to my colleagues from school psychology and school counseling. My thought is you do have a certain segment of those students who will have repeated attempts or repeated ideation that may be associated with the mental health conditions they have. We know there is a certain group of individuals, adults, and youth who will have maybe a one-time episodic, something in their life, that is very difficult or traumatic and it could lead to that thought, but through proper help and treatment assistance, maybe they do not have it again.

Senator Dondero Loop:

Even when Ms. Bernhardt and I talked, that sense of belonging—that was her story. Once somebody valued the story and said, come help us. The sense of belonging is very important. As a parent, I always felt that was why it was so important kids got involved in school. I do not care if it is choir, football, or the French club because they have that belonging. They have that commitment and friends within that group.

I have one last comment for our school counselors and school psychologists. We have worked on bills with ratios, is there something that would help you? Is there some solution, or do we need more people as well?

Ms. Shearin:

My understanding and my interpretation, I know that ratio bill was so critical. We have been taking that back to our National Association as this is something great Nevada is doing, but there has not been an accountability in increasing the number of school psychologists and counselors here. One of the things I mentioned in my presentation that I think would be beneficial, is some of our professionals, at least in Clark County, we are saying we are fully staffed because all the full-time positions posted are filled, but our ratios are still quadruple what they should be. The thing to do, from my perspective, is increase the number of full-time positions available, even if they go unfilled. They have gone unfilled before and it would not be something new that has happened. I am not a financial guru; I cannot tell exactly how a school district should be running their budget. I think one of the first steps is to increase the number of positions available to apply for, so we can say the goal is to attain this ratio. We cannot do that with the number of positions currently available in the District.

Ms. Griffith:

As far as counselors, I can speak to what is going on in Clark County. There have been great strides made, but one of the barriers is, for example, in NRS 388.055, the clause says, to the extent of what funds are available. Again, making those funds available. There is also a numbers game where you look at enrollment and there is a magic number where you get a half time versus a full time. Then, the responsibility becomes on the school to work around and figure out what teachers and staff they do not need, it becomes a conflict. As an administrator, it is a hard position to be in because you only have so much in your pot. How do you spend that money effectively and make the most impact? Looking at that numbers game, whether you have 300 students versus 500 students, is there less of a need for a full-time counselor versus a half-time counselor? It is something I know the Legislature has worked with the school districts and making assembly bills. We appreciate the work you have been doing because at one time, there was no mandate for a mandatory school counselor. We appreciate the strides you have been making for us.

Senator Dondero Loop:

I will get with Dr. Dockweiler and we will fine tune that bill.

Chair Bilbray-Axelrod:

I have a couple of questions and then we will end. I know we could ask questions all day. This is a lot of great information. Like speech pathologists, do counselors and psychologists see students from private schools as well? In addition to the schools where you have a part-time position, you will then see private schools well?

Ms. Griffith:

Speaking from people I know who have gone outside of the district, it is why we sometimes lose them—whether it is the speech pathologist, psychologist, or counselor—because they can make more money outside.

Chair Bilbray-Axelrod:

To clarify, a speech pathologist I know not only sees her students at her school, but she also sees students from a nearby Catholic school and different homeschooled students. I was wondering if that was part of your plate as well.

Ms. Griffith:

I know our speech pathologists have students from the outside come in and they see that on their caseload. I do not have their actual numbers in front of me, but I know from speaking on a council for people and other licensed personnel, it is a major concern for them as well. It is happening for myself. As a school counselor, I typically see my kids who are just the school because we have such large caseloads. We do not have students from other schools coming in, but speech pathologists do.

Ms. Shearin:

From the school psychology perspective, yes, private school evaluations are done by school psychologists in the local zoned district. Different districts may handle it differently. I know in Clark County, that is part of the Child Find Department where evaluations are done outside of regular contract hours, but they are CCSD school psychologists doing the evaluations. If the student is eligible for services and they attend a private school, it is the responsibility of the local district to provide those services. Any reevaluations would also be a part of that. As far as mental health supports, I do not know of any school psychologists who are doing that type of work. Yes, any sort of special education responsibility does fall on the local district.

Chair Bilbray-Axelrod:

Thank you for the clarification. The ratios are higher than even what we see.

I am going to end with Dr. Beavers. I was excited about this pilot program for 2023 to 2025. I assume the idea is this will be scalable and then after those two years, we can get it throughout the whole State or possibly Clark County at first. Tell me what this looks like in 2025. Do we have to go back and figure out if—it looks to me like it is going to work, it is a smart idea. If the funding is there, will we be able to roll this out immediately because I think this is a way to address the chronic absenteeism problem.

Dr. Beavers:

Thank you for your enthusiasm and interest, I agree. One thing we are going to integrate with our process, in hopes it will be usefully reproducible or refinable at the end of the pilot program, is a specific approach to a program evaluation early on. The Cooperative Extension at UNR has a specific collaborative partner and her expertise is program evaluation. The first year of the grant will be completed this summer. The second year will begin midsummer and that is when we will start working intimately with the schools. This first year was building the asset map and relationships with the specific schools to secure the contract. We work with each school to understand their needs and how do they envision the program unfolding. Some of that is being sensitive to what staff, for example, is available at each campus and how Dr. Kearney, and his graduate students, can best integrate with the work they do. We will have weekly check ins regardless, but the process might look slightly different from the pre-K campus or the kindergarten and first grade campus. By having the program evaluation element, it will allow us to have a clear plan from the beginning as far as what we are going to assess ourselves upon and what we are going to reflect on at the end of the pilot as far as reproducibility. I also know Dr. Kearney has been thinking about this for a long time. This is a vision he has and is pursuing an additional grant towards. He has a lot of expertise in how to ensure it can be successful going forward. Anecdotally, I do think it is being attended to, but we also have folded that into our process, ensuring it can be sustainable.

Chair Bilbray-Axelrod:

Thank you, that is great. With that, we will close this agenda item.

AGENDA ITEM V—PRESENTATION ON THE WORK, ACTIVITIES, AND FUNCTION OF THE NEVADA STATE BOARD OF EDUCATION

Chair Bilbray-Axelrod:

We will hear a presentation on the work, activities, and function of the Nevada State Board of Education (SBE). We have a former Senator and Assemblywoman Maggie Carlton, and Tamara Hudson from SBE. Please go ahead when ready. Thank you for being here, and I hope you got good information to take back to your Board as well.

Tamara Hudson, Board Member, Nevada SBE:

Good morning. I am currently a teacher in Special Education in Clark County. I was appointed by the Speaker of the Assembly to be a part of the Nevada SBE. I also currently specialize in behavior at my school.

Maggie Carlton, Board Member, Nevada SBE:

Thank you, Madam Chair, and Members of the Committee. I was appointed to the Nevada SBE in January 2023 by the former Governor, and I am very grateful. When I got the phone call, the first thing that went through my mind was more education. But then I decided the best way to continue following up on the work we have done over 20 some years in education was to be a part of the Nevada SBE. I never got to sit on an education committee in the Legislature, so this was filling out my bucket list. I was appointed as the Governor's appointee to industry. I had wonderful predecessors and have been reaching out to different members to represent them. I am here as a backup. We apologize some of our elected members could not be here today through work schedules and illness, but we will do

our best to present a 60,000-foot view of the Nevada SBE, and try to answer any questions for you and whatever we cannot answer, we will make sure we follow up on for you.

Ms. Hudson:

To start off, our vision for this year, we changed it a little to mimic what we see in our students ([Agenda Item V A](#)). We want our students to be equipped, empowered, and to attain their success based off their needs. The Board is comprised of 11 members; that changed in 2013. There are seven voting members—four elected and three appointed. I am the teacher voice on the Board. With the appointed, the Governor, the Senate, and the Assembly gets to appoint. Our nonvoting members are usually a district trustee, along with a district superintendent, someone from higher learning, and then our student voice is on the Board as well.

The Board's role is to set statewide educational policies for our State. It operates between the Legislature and local school district, but the job changes so often, depending on each session our goals sometimes change. Our main goal is to always advocate for all students. When it comes to the Board's responsibilities, we have *Nevada Administrative Code* and Chapters 385 through 394 of NRS—which is on the handout provided ([Agenda Item V B](#)). Along with setting the Nevada State Standards, including our Career and Technical Education (CTE) Standards as well, we are responsible for setting accountability and doing our Statewide Plan for the Improvement of Pupils along with setting those graduation requirements.

With the partnerships, we partner with our State Superintendent who is appointed by the Governor and runs NDE; NDE who supports the employees, the Superintendent, and our education incentives; and the Attorney General's office that provides the legal counsel and support for us.

When it comes to the State Standards, there is a process where we define what students must know and do in core subjects, we do not focus on the curriculum aspect. We do approve when it comes forward to our Board. When it comes to the CTE Standards, those are developed by NDE with the individuals in those industries; then they are approved by the Board.

When it comes to accountability, we do test selection to make sure we follow ESSA and our State Level Assessments—that is the selection process. When it comes to our cut score setting, we do level setting and policy setting, along with the Council to Establish Academic Standards as well and it goes through the Board for approval. Then, we have ongoing review for those evaluations. With that being said, there are two bills that were just passed, I think they were SB 98 (2023) and AB 400 (2023). Those two bills now have the Commission on School Funding also holding accountability. It would be nice to know how to assist you, so we will not be doing double the work with two entities working towards the same goal. When we are starting to meet on the accountability aspect to make sure we are both in line on the goal at hand. We always know it is our students in Nevada, to make sure they are successful in achieving greatness, because that is who is going to be our future leaders.

The Statewide Plan for the Improvement of Pupils has the five-year goals. It gets updated yearly and changes between the superintendents. Sometimes there are different approaches, but it is driven by the Board's goals and student outcomes. Then, we adopted the Silver State Governance to make sure we are more focused on students. The inputs and not always the output—focusing on student outcomes and not people behaviors.

Other responsibilities we have is classroom size reduction. We have to review and approve those plans. We also have the private school license and instructional materials under our umbrella of approval.

Ms. Carlton:

The 60,000-foot view and the mission and the call I hear when it comes to the Nevada SBE is that all children—birth to third grade—have access to quality early care and education. It starts when they are very young; and we know that. We have gotten to all day kindergarten, the dream is all day pre-K. The sooner children are being educated; we feel like we will not have to worry as much about the back end. The big question right now, over this next biennium, is going to be Read by Grade 3, which is something the Board is taking on and has set up a subcommittee on. I am very happy to participate in that since I have been around since we started talking about Read by Grade 3.

The other important thing we look at is that all students, no matter what zip code they live in, have access to an effective, well-trained teacher who can do the job in the classroom. Since I have been on the Board, I have heard a lot of concerns about long-term substitutes. I have had a number of people reach out to me, and I have heard it in community meetings. I think it is something our Board eventually, and hopefully the Legislature, can start looking at and evaluating. We want to make sure we have that quality, effective teacher. Former Senator Woodhouse repeated that so many times I think I used to hear it in my sleep, a quality, effective teacher in every single classroom for every kid in every zip code in this State.

I am thrilled to be able to work with this Board. My term ends at the end of this year, so I have a lot of work to do in the next six to seven to eight months. I believe one of the priorities of the Board, I cannot speak for the Board officially, but knowing when we reviewed the bills from last session in one of our previous board meetings, a lot of conversation was around Read by Grade 3. Hopefully, a lot of the work will be done around that. I am happy to stand for any questions the Committee might have.

Chair Bilbray-Axelrod:

I agree with you that the return on investment is starting kids early. Read by Grade 3 starts when the child is born. The parent is your child's first teacher. You are a hybrid Board, which we have been hearing a lot about lately. How you feel about the hybrid Board? Are there limitations besides voting? Can you make motions? Do you work well or are there any issues?

Ms. Carlton:

We all work very well together. One of the most important components we have is, because we have folks who are elected, they have a different term. Which, I believe, works out well because you have other folks who have two-year terms. There is never this total institutional loss. You have enough rotation through it. Having all four of them up at the same time is difficult but they are all tied to congressional seats which run—it is an oddity. If that could be staggered, I would recommend a more staggering.

I think one of the most important members on this Board is the student member. One of the things the 17 school districts in this State could do is put a student member, or a couple of student members, on each school district board. He has been wonderful and bringing ideas forward. The perspective has been great, and I enjoy having him on the Board. We all work together. A motion is made, it is seconded, there is conversation, none of us are

treated any differently than others. Until I looked at this, I did not see people in different categories. We are just a Board working on the agenda in front of us and trying to get our work done. I think it works out very well. Now, if I possibly do not get reappointed, I may have another opinion, but we will cross that bridge when we come to it.

Ms. Hudson:

Speaking from a teacher aspect, I like the hybrid because when I do not get coverage in my classroom, I am still able to have a value. Like if the students were still part of that conversation. It does not take from it. Our Board is wonderful. I was on the Board when the teacher before me retired and then was appointed again. They took me in, and it was nice to see the voice of the student and teacher being heard. It was the first time of having someone take our thoughts and considerations, listening to our problems, and trying to problem solve to make the system better. It was an eye-opening moment to see it is not because of you, it is not your fault. The communication and transparency became more open to me. It was nice to bring that back to the schools that have lost hope in the system. Overall, it has been wonderful.

Chair Bilbray-Axelrod:

It occurred to me the last time we had all our teacher positions filled in Clark County was in 1996, which would have been before you started your tenure. If that does not put it into perspective. We have some work to do, and I feel good with you guys at the helm.

Members, are there other questions?

Assemblyman D'Silva:

My question is about a subject that comes up often in education and that is standardized testing. I was wondering if you have been having conversations, as a Board, about reevaluating our approach to standardized testing?

Ms. Hudson:

We are having those discussions. A lot of things have come to our attention about the development of our students along with cut scores and age requirements, especially when it comes to our special education students and how we support them in the school; our pre-K. Those conversations are being had. We are even looking at policies on what we could do to change age requirements, what other support is needed for our students, especially when it comes to attendance requirements. Also, in Nevada only have to be six to start in school; pre-K and kindergarten are not a requirement. Looking at those aspects that put our test scores behind, those conversations are being had. We are looking to see how we can adjust, and what test will best suit our students to meet the diverse needs as a whole.

Ms. Carlton:

The conversations about what vendors we use for a test—we had a number of conversations. We had to send them back a couple of times to make sure, as they evaluated our students, they were looking at the criteria we thought best sought to get the answers and the data we wanted from those tests. We are not going to let the vendor write the test for the kids. We are going to ask that the test we do is the one we need for the children in this State. We had multiple conversations with the vendor on how to go back and reevaluate those tests and what numbers were looked at. This is going to sound very strange coming from the former Chair of Ways and Means, but you do get what you pay for, and we did not

want the lowest bidder because we wanted to make sure the test given to the students gave us the data we needed. We asked them to go back and reevaluate it.

Ms. Hudson:

We also changed our rubric on how those vendors come to us, or how to pick the vendors because the questions were basic. Our students are diverse and a lot of the time the test did not mimic what we wanted for our students, or did not best serve our students. We even had to look at what we were asking the vendors and why. We asked the vendors to make sure they were able to service our students. We went go back and redid the whole policy to align our rubrics to the needs of our students.

Assemblywoman Anderson:

It is wonderful to see you both, and thank you for your volunteering because let us be realistic, that is what you are doing on this Board most of the time towards our kids. My question is very similar to my peer from the south. Last meeting we discussed for some time about testing, and on slide nine you mentioned about test selection. I love the phrase you utilized, double the entities when working on the goal at hand, there is a way for us to get away from that. Has there been discussion around possibly taking away some of those tests for our third graders in particular, when it comes to the Smarter Balanced Assessment Consortium (SBAC) and the Measure of Academic Progress (MAP) test as well as three others that appear to be the same? Superintendent Young brought up during our last meeting, this stress is creating problems for our students in the third grade and that mental health, as we just heard; we need to start at looking into this earlier. Has there been a discussion about how we can combine some of these tests, or is that more of a Department decision?

Ms. Carlton:

I do not believe it would be appropriate for either the Clerk of the Board or myself, as a Member of the Board, to speak for the Board on this issue. I know some tests are mandated at the federal level and others are done in different ways. I think it is something we should take back to the full Board, possibly ask the Superintendent, staff, and President of the Board to put on as an agenda item and move forward from there. I do not believe it would be appropriate of us to opine on that right now. I can tell you; I was the kind of kid who had the nervous stomach and they had to yank into the classroom to take a test, but I knew what was there. We are going to have to take a pass on that one for now.

Chair Bilbray-Axelrod:

I think that is a great idea, and we will watch for that agenda item.

Assemblywoman Anderson:

Thank you. If you take a look at the minutes from our last meeting, page 36 has the specific information that was asked and then Superintendent Young goes into this as well.

Chair Bilbray-Axelrod:

Thank you for being here. We will see you soon and keep up the good work.

AGENDA ITEM VI—UPDATES ON LEGISLATION RELATED TO RESTORATIVE JUSTICE FROM RECENT LEGISLATIVE SESSIONS, INCLUDING IMPLEMENTATION PROCESSES AND CHALLENGES

Chair Bilbray-Axelrod:

We are ready for Agenda Item VI. We will hear presentation updates on restorative justice in Nevada schools. There have been several legislative measures passed on this topic during the past few years, including AB 285 and AB 330 during the 2023 Legislative Session. We will hear from NDE and the school districts. We will start with Dr. Barton, Dr. Scavella, and Mr. McPartlin with CCSD. Please go ahead when ready.

Brenda Larsen-Mitchell, Ed.D., Interim Superintendent of Schools, CCSD:

Madam Chair and Members of the Committee, thank you for having us here today, and we are appreciative to share with you the work we are doing regarding restorative practices.

Mike Barton, Ed.D., Chief College, Career, Equity, and School Choice Officer, CCSD:

First of all, we acknowledge and appreciate our partners with this work. As I was listening this morning, mental health being a collaborative effort. We also feel with restorative practices and the work it entails, it involves multiple partnerships including the State Legislature, NDE, et cetera ([Agenda Item VI A](#)). We acknowledge many of our partners with this work we received from AB 285 and AB 330 of the 82nd Session. Work started to happen with NDE through fiscal support, that was inclusive of about \$1.86 million from ESSER II and III funding, that has been critical funding for us to implement the work you are going to hear about today. Secondly, the partnership has not stopped. You will also hear about another layer of financial support that has come from the Legislature to NDE through about \$1.3 million of ESSER III funding at the State level. It is helping us with the Progressive Discipline Based on Restorative Justice Grant that we are implementing right now and starting this afternoon.

What is our main work with restorative justice? Again, thanking everyone who has helped to make the financial contribution happen. What did we do with that money? We started by working with an international partner that has done a lot of work with NDE. We signed up with them as well, the International Institute for Restorative Practices (IIRP). They are a respected, reputable name around what it looks like to embed practices in your schools regarding restorative practices. When we had that consultant work with us, where we have continued that engagement, we instituted on every single campus, a restorative leadership team. Every campus in CCSD has a restorative leadership team made up of three to five professionals—that can include support professionals, administrators, and teachers. Then every restorative leadership team on every campus also has one identified culturally inclusive champion (CIC), and that person is our main link with our central services department under the leadership of Dr. Scavella, who is involved in that train the trainer work. Again, we have to build capacity around this work to ensure schools can do this and do it effectively. We have two other pieces of the puzzle. Putting theory into practice as these teams are trained by IIRP and our central services team. We have many touch points throughout the year where they are able to have an opportunity to put this theory into practice on their campus where it is differentiated. We know every campus around restorative practice is a little bit different. Finally, we have also identified the exemplars in our system. We have restorative practices model schools. We have approximately ten schools and ten classrooms; that is what it is all about. It is where we have identified them as a system where other schools, other classroom teachers can learn from our model classrooms and our model schools. Cultural competency is the backbone of a lot of this

work. As we do restorative practices with our building capacity and train the trainer model, we also need to ensure all our employees in CCSD are trained on cultural competencies. Recognizing your own bias. How can you be effective with all students? What are the great assets of all kids? The number keeps ticking up every day. When we submitted this presentation, it was at 23,700. I believe it has gone up by about 700 more people who have been cultural competency trained with the deadline being in June. Then across the board, restorative practices trainers—1,351 administrators have been trained. Again, I wanted to build a picture of what we are doing to build capacity.

This is our framework as CCSD—putting a lot of value and resources, professional learning into our CICs; our restorative leadership teams. Ultimately, we build that system capacity.

Dr. Scavella, who leads a lot of this great work from the Equity and Diversity Education Department, will provide an overview of the data, and how this is starting to make an impact on the restorative practices being used, and how it is influencing our discipline numbers.

Samuel P. Scavella, Ph.D., Assistant Superintendent, Equity and Diversity Education Department, CCSD:

What we see on this slide is our third quarter restorative interventions analysis. This shows that we are in an upward trend in using restorative practices across the District. School administrators track every time there is an incident, whether there is a behavior event, and we always track our behavior resolutions and how the administrators address those behavior events. To date, we have utilized 16,671 restorative disciplinary practices as behavior resolutions for this year alone. These practices also include restorative circles, restorative conferences, restorative tribunals, peer mediation, and also something as simple as apologies.

To assist schools in meeting the requirements of AB 285 and AB 330, the Progressive Discipline Based on Restorative Justice (PDRJ) Initiative combines progressive discipline with restorative approaches when addressing behavior to prevent a reoccurrence of that inappropriate behavior by helping our students to take responsibility for their actions while they are repairing harm through these processes. Collectively, we find solutions to resolve conflicts before they become a referral, because once they become a referral that populates our discipline data. Again, this initiative blends progressive discipline and restorative practices through the use of an evidence-based tier framework that you heard Dr. Barton speaking to. This is going to help students with their behavior, academic, social emotional, and mental health needs. Our goals for this new PDRJ is to eliminate, as much as possible, discipline disproportionality—as evidenced by our suspension and expulsion data; decrease the incidents we have on our campuses—in terms of those behaviors; and improve our school climate—as evidenced by several surveys, the Nevada school climate, social emotional learning survey and so forth. Creating a comprehensive professional learning series to address disproportionate school discipline—it requires a multifaceted approach, which combines several evidence-based strategies and programs. When we are working with our District, we are working with up to 50 schools for this initiative. The curriculum we have outlined incorporates positive behavior interventions and supports; behavioral modification and management programs; SEL; restorative discipline and practices; cultural competency, as you heard Dr. Barton speak to; and implicit bias training. Our first session on Module 1 will begin this afternoon.

We want to identify some of our root causes for the discipline disparities that I spoke to in regard to disproportionality. It is important to look for patterns in the data that go beyond the individual cases, but we cannot stop there. We have to look at the whole story when we

are looking at disproportionality. Many root causes may not be immediately apparent. Such as the lack of support we need for educators' understanding of student behavior. Making sure our educators needs are being met in terms of building their skill sets to prevent and address those misbehaviors we see that evoke the punitive or those exclusionary responses. Also to take a deep dive, like we are doing this afternoon, in explicit and implicit bias and a need to acquire that knowledge and skill set to use positive approaches and de-escalation strategies to address those behavioral incidents we sometimes see on our campuses. I spoke to the goals of our initiative being that we are looking to eliminate the disproportionality and making sure we address, with fidelity, those behaviors that kids sometimes get into conflict, but it does not have to become a disciplinary issue. Again, we are working to improve our culture and climate every day, one kid at a time. It is what our restorative leadership teams are doing, on a proactive level, in our schools today. They are training their staff on these restorative approaches to make sure everybody is using those processes to build relationships and then involve students in the conflict resolution process so we can be solution oriented. Basically, that is where we are in terms of some of our root causes for our disciplinary outcomes of disciplinary disproportionality. With that, I will turn it over to Mr. McPartlin.

Kevin McPartlin, Assistant Superintendent, Education Services Division, CCSD:

As we strive to increase the frequency and effectiveness of restorative practices in our schools, our District's focused 2024 Strategic Plan calls for us to track student suspensions and discretionary expulsions, with the goals of decreasing the overall numbers and reducing disproportionality across all student groups. While there is still work to be done, we are pleased to share that through the first semester of this school year we have seen a 7 percent decrease in overall student suspensions compared to last year. At the high school level, we have seen an incredible 32 percent decrease in suspensions. When we set targets for disproportionality, we set them as ratios of suspensions per 1,000 students in each student group. We have decreased the disproportionality ratio for seven of the eight student groups tracked within the focused 2024 strategic plan. The one student group that did not decrease this year, which is the Alaskan Native American Indian group, is still below the targeted level set prior to COVID-19. Within the focused 2024 Strategic Plan, we also track discretionary expulsions, which are nonmandatory expulsions. For this we use the State's definition of mandatory expulsions which relates to the possession or use of a weapon. Any expulsion for any other reason is considered discretionary. We have seen an overall decrease of 11 percent in our discretionary expulsions during the first semester of this year. Outside of our focused 2024 Strategic Plan, we also track one- and two-day suspensions, as these are historically a response to minor and less severe student behaviors. We are pleased to share for this, we have seen a 23 percent decrease in one- and two-day suspensions, which shows us that, for these less severe and minor offenses, our principals are using less exclusionary and more restorative practices to address these issues.

While we focus on prevention, interventions, and consequences, we understand the need for students to be held accountable for escalated or more severe behaviors. We do this to preserve safety and help students understand the severity of the impact of their actions. This is done in a number of ways. We use suspension with instruction, which is an exclusionary practice that maintains student connection to classroom instruction as a response to behavior. We also have many schools that have a Schools Targeting Alternative Reform On Site (STAR-On) program. This is a temporary placement of a student in an on-campus program where students are not permitted in their regular classrooms, nor do they participate in their usual passing period or lunch period. Instead, students are in a program similar to an in-house suspension program where teachers often rotate out to them—so they provide instruction in that environment—and they receive breaks and

lunches at a time when the rest of the student population is in classes. When students are removed for exclusionary practices, we focus with schools on reentry plans. When students are assigned and returned from exclusionary discipline, we focus on safety plans, interventions, restorative practice, and plans for repair if they are appropriate. Even if we are excluding them, we still offer a restorative practice upon their return. For our more severe behaviors, we have academic centers, previously called behavior schools, where students can be placed for up to 9 to 18 weeks in an alternative setting depending on the infraction. We also have students that are part of our reengagement process or reengagement students. These are students who commit a severe, dangerous, or violent act and receive a police citation. For these students, we have the 9- or 18-week assignment at an alternative school and a mandatory referral to The Harbor, which is a juvenile assessment center, or a substance abuse awareness program (SAAP), depending upon the offense, as an additional term of their reengagement back to school. The Harbor, which was developed through our school justice partnership with Clark County, leads to referrals for additional resources for students and families. The SAAP program is led by our CCSD department for Safe and Drug Free Schools. We also have our virtual Nevada Learning Academy (NLA) academic center. This is utilized for our most severe, dangerous, and violent situations. In these cases, students will be removed and attend a virtual learning environment for 18 weeks with the reengagement process we talked about at The Harbor. Then, they return and there is a review. If the review is successful, they have 18 weeks at an academic center. If there is another review, then they may, at that point, return to a comprehensive environment. Whenever we do any type of exclusionary practices, we always look for a change of placement to see if there is an option that is appropriate, taking into account the disruption to the campus, or victims who might be on the campus, before a student would ever be returned to their comprehensive school.

We want to share with you our community partners that serve on the Superintendent's Anti-Racism, Equity, and Inclusion Advisory Committee. This Committee meets quarterly to provide insight into racially motivated incidents and analyze inequities in the District and at specific schools. As you can see, we have the Anti-Defamation League, Clark County American Asian Pacific Islanders, Clark County Black Caucus, Israeli-American Council, Make The Road Nevada, My Brother's Keeper, the National Association for the Advancement of Colored People, No Racism in Schools #1865, Power2Parent, Youth Power Project, and the 100 Black Men of Las Vegas. Many of these groups engage with us on a more frequent basis as we work to maintain these important community groups as partners in the work of educating the students of Southern Nevada. These partners also include Communities In Schools of Nevada, Boys Town Nevada, and the Children's Advocacy Alliance working with us on a number of projects. With that, this concludes our presentation. We will now take any questions.

Chair Bilbray-Axelrod:

Members, I am sure we have questions, I know I do. I will start with Assemblyman D'Silva.

Assemblyman D'Silva:

Thank you for your presentation, it is always great to have the leaders of our District in our Committee. The first question deals with discretionary expulsions. What exactly is that? How does that work in our District?

My second question is about the academic centers. What kinds of infractions are we seeing in those centers? What kinds of students are being sent to those to those centers? Currently, I know there has been a lot of movement in regard to which students we are sending to academic centers.

Then thirdly, I saw the list of our community partners there, and I was wondering where the teacher voice was. Have you done work with teacher organizations, particularly the Clark County Education Association (CCEA) who was instrumental in moving this legislation, AB 285 and AB 330. Have you worked with the teacher's union in making sure both these bills have been implemented properly?

Dr. Barton:

Assemblyman D'Silva, I will answer the third part of the question, and let Mr. McPartlin take the first two parts of your question. We want to make sure we are collaborative with these efforts. We have been under leadership of Dr. Larsen-Mitchell building bridges back with our bargaining unit for teachers. We have had meetings with Dr. Brenda Pearson, Director of Strategic Initiatives, CCEA. Is there more work to be done to ensure we have a teacher voice around all this? Yes. We are at a stage of building bridges back with our critical partners that help us shape this work, but I think it is at a stage of infancy. I would say we will have a better report on that in a few months.

Mr. McPartlin:

Regarding the first part of your question, discretionary expulsions. For discretionary expulsions, that is what we are looking at when a battery has occurred, whether it is staff or student with injury. We are looking at threats, sexual assault, distribution of controlled substances. These are things on our list where schools will recommend for discretionary expulsion. The way that process works is it is adjudicated at the school, at two levels, then to a region director, and then it could go to a hearing panel—which includes a teacher, administrator, and support staff from an entirely different school—a third party that adjudicates it. It could ultimately make it through the expulsion review board with our school board. That is how the expulsion for discretionary process works.

For academic centers, this process would lead to the next level down. This is where there is a major campus disruption—multiple fights on a campus. This is where there is more leeway. In general, we have some students who go to the academic center for nine weeks and then return to their comprehensive school.

Chair Bilbray-Axelrod:

Are there any students, currently, who have been expelled from school and are not getting instruction now at all?

Mr. McPartlin:

When a school recommends a student for expulsion—the student is suspended pending expulsion—there is still a connection to academic resources through the school. Oftentimes there could be a week gap between the enrollment in an alternative setting. In general, no, when the students are expelled, they are still connected—whether it is an academic center or the NLA academic center. Even when students are incarcerated, they are connected to instruction through there.

Chair Bilbray-Axelrod:

I wanted to get that on the record because there was a lot of confusion, even when we were passing this bill, that we were somehow expelling kids, giving up on them and that was the end of that. This restorative justice is helping to keep kids in when they can, but if it gets to that point, we have to find an alternative to keep everyone safe.

Next, we will go to Senator Dondero Loop.

Senator Dondero Loop:

Who monitors them when they are in a virtual setting? If they are home, they are not incarcerated, and they are in the virtual setting; is there any monitoring or is there just some touch point if they do not show up?

Dr. Barton:

It is a great question as far as how we provide support in a virtual environment. Our principal at NLA oversees that academic center has a group of social worker counselors. While there is that virtual interaction, if they feel a student is not engaging, there are aggressive attempts to reach the family and student through a social worker counselor. Mr. Michael Martin, Principal, Nevada Learning Academy, also works closely with Mr. McPartlin to ensure we activate that engagement at the home level.

Senator Dondero Loop:

When you said the cultural competency is growing, what is the final number?

Dr. Barton:

While we continue to track this year, the deadline for cultural competency training is June to finish the training. We predict that will be our employee number, which is approximately 40,000 employees who will be trained in cultural competency by June. Fifty-six percent is our latest data poll.

Senator Dondero Loop:

You said there were ten schools and ten classrooms that were models, but then later I heard 50. Did I hear that right?

Dr. Barton:

There is a lot going on in the work of restorative practice. The 50 schools, that is the target of our newest grant, the PDRJ grant that we are kicking off today. There is a target of 50 schools participating in the series of trainings that will occur for the next few months. The model schools and the model classrooms are aligned to the original IIRP work. We have identified those schools that have done well with our restorative leadership teams that are ahead with the implementation and doing this very well and effectively in classrooms—that is the differentiation center.

Senator Dondero Loop:

Which schools are involved right now? Are they training students and staff or is it just the staff being trained?

Dr. Scavella:

Right now we are working with schools. I do not have the actual list with me. However, the staff is training. We implemented a train the trainer model. Dr. Barton spoke of the culturally inclusive champions, they are also restorative practices trainers because they have not only completed the initial training, which is a 13-hour training; they have done an additional 20-hour training. They have done 33 hours of training in order to be a restorative practices trainer. Then, they come back to the school and incrementally train the rest of the

staff, and that is going on right now. The model schools and in-person coaching are at the infancy stage of launching. The in-person coaching from an IIRP practitioner and expert is going on in terms of identifying those particular restorative leadership teams and working with those CICs and the administration of that school. It is not a cookie cutter. When they do their training, it may be during a professional learning community, it may be after school, but they identify protected time and when they are going to train their staff using the IIRP curriculum.

Senator Dondero Loop:

My understanding is the students do not get trained; it is just staff.

Dr. Scavella:

Students are in the purview of being trained. We are not there yet. In order for a school to meet and master restorative practices, we should be incorporating a parent and parent groups as well as students in the training. A school is considered meeting and mastering restorative practices when you have those other stakeholder groups involved. It does involve students because part of the restorative practices implementation, we are in year three, is that we will have some student led restorative processes being conducted in our schools.

Chair Bilbray-Axelrod:

If you could send us the ten schools and the 50 that are starting today. Are they high schools? What is the percentage of high school, et cetera?

Dr. Barton:

We can get you the full list. When we went through the assessment to see where they were, and as Dr. Scavella alluded, those schools that are model schools have met or mastered on that rubric. It is multifaceted, elementary. We also ensured it was multiple regions represented. We can get you the list so you can see the full picture. I do not think there is an overarching percentage that are secondary versus middle school and elementary.

Assemblyman D'Silva:

I had a question about the STAR-On programming. How is that looking right now? I know the program was implemented as the pandemic hit and there was some tumult there. Can you give us an assessment on how the program is operating now in the school district.

Mr. McPartlin:

The STAR-On program—in my time in the Division, which has been about eight months. One of the things we are trying to do is to identify best practices because we did have schools that were developing their own plans. We had them evaluating and assessing the data to come up with best practices. Now, we provide support to schools through the Hope² funding to operate the program. We have a model now, which I described, you have an area, a program where students are in there throughout the day and teachers rotate out to them. It is the model we are expanding now and supporting schools in.

Assemblywoman Anderson:

My first question has to do with the training on slide 3. When you say the employees, this is paid as well for our education support professionals, correct? I want to verify because I know that has been a source of contention at times.

Dr. Barton:

It does include our education support professionals.

Assemblywoman Anderson:

Again, it is paid time for them, correct? They do not have to donate the time back to the school district.

Dr. Barton:

Correct, and they can do it on their contract time as well.

Assemblywoman Anderson:

Thank you for the clarification. My other question had to do with slide 9, in particular, the reentry plans. I verified with Assembly Member Hansen when we went through this process and how many discussions there were. I want to make sure with those reentry plans, there is a clear discussion with the student, guardians, and educators involved, and what needs to change—possibly at the new school site or the similar school site. Is that the current process? Is that in policy or is it something that it is assumed that the administrators know to utilize?

Mr. McPartlin:

The reentry plan is something we are tightening up with our new code of conduct that will be released for the next fall. It is delineated in there—exactly what is expected to be in the reentry plans. We have training rolling out starting next week, and then a full set in the summer to launch before the opening of the school year, so it is clear what the expectations are of the reentry plans.

Assemblywoman Anderson:

To verify, this will be starting in the next school year. Right now, there might be one or two school sites utilizing it, but it is not consistently across the District. The plan is next year for it to be across the District.

Mr. McPartlin:

Reentry plans exist, but in different format in different levels, and we are going to make sure it is more consistent throughout moving forward.

Assemblywoman Anderson:

Thank you for that clarification because as we know, we have many of our students who are transient between numerous school sites in the same district so having the consistency would be nice.

Chair Bilbray-Axelrod:

I will look forward to getting those schools. If you send it to Committee Secretary, I will get it out to everyone.

Now, we will go Laronica Maurer with NDE. Please go ahead when ready.

***Laronica N. Maurer, M.Ed., School Climate and Equity Education Programs
Professional, Office for a Safe and Respectful Learning Environment, NDE:***

My work primarily relates to school climate, discipline, and restorative justice practices. I am delighted to have this opportunity to speak to you today and share what our small but mighty team has done to provide resources, training, and support with Nevada's educators ([Agenda Item VI B](#)). I would like to thank CCSD for their testimony and sharing the wonderful work they are doing for our students. We will begin with a brief overview of the 2023 legislative changes, addressing behavior, discipline, and school climate. Then, I will share what NDE has done and will continue to do to support districts and schools in addressing discipline disproportionality.

Two bills related to school discipline and restorative justice practices were passed during the 2023 Legislative Session. The bills amended existing law on behavior and discipline by changing the age requirements for suspensions and expulsions; combining discipline and restorative justice; and improving school climate, culture, and safety. One might ask, how are those working together? Combining progressive discipline with restorative approaches, when addressing behavior, is intended to prevent a reoccurrence of inappropriate behavior by helping students take responsibility for their actions, repair any harm, and collectively find solutions to restore relationships. The fact is, most researchers have concluded that years of punitive discipline measures have produced harmful consequences for students and suspended students are more likely to fail courses and become chronically absent.

As mentioned on the previous slide, one of the changes in AB 285 and AB 330 was addressing training to improve the school climate of Nevada schools. Discipline disparities is a Tier 1 universal concern in our State. Although we have a way to go to reduce discipline disparities, it is imperative to understand that implementing restorative justice practices is much more than how we respond or administer consequences for discipline offenses. According to IIRP, as you heard in the other presentation, 80 percent of our efforts should consist of proactive approaches that contribute to the well-being of all students to create a positive inclusive educational environment. As you can see, this chart shows professional learning opportunities our team provided during the SY 2022–2023. Notice the first training at the top of this chart, our restorative practices and SEL specialists continue to contribute to the needs of our staff to support building positive relationships and understanding that connections can reduce negative behavior and teach the whole child.

Here is another chart that shows our 2023–2024 restorative justice practices professional learning. Some of them consist of trainings utilizing the IIRP's training model. The IIRP is the world's first accredited graduate school that specializes in studying the field of restorative practices. At the very bottom, LINCspring is an asynchronous professional learning and coaching online platform that our Department has made available for educator knowledge and practice. With the support of the LINCspring team, we have created the school climate and equity playlists, or modules. This playlist is used to support educators in building equitable and student centered classrooms. Keep in mind, this chart does not include the additional trainings offered by the Nevada Positive Behavior Interventions and Support Technical Assistance Center at UNR. Nor does it include our social and emotional learning trainings, trauma-informed modules, or verbal de-escalation trainings. I am excited

to announce that NDE's restorative justice practice framework, curriculum, and training will be available for the SY 2024–2025.

As we take a closer look at the State discipline data, here we have our rates of expulsions among federally identified race and ethnicities and their enrollment rates during the SYs 2021–2022 and 2023–2024. Take a look at the blue column. This column represents the rate of enrollment. The orange column represents expulsions during the SY 2021–2022. The green column represents the expulsions during the SY 2022–2023. One obvious concern with our State percentages by race and ethnicity, is the enrollment of Black students made up 12.15 percent of our student population during the SY 2021–2022 and 12.35 percent of our student population during the SY 2022–2023. Still, our Black student population accounted for 38.14 percent of the expulsions in a SY 2021–2022 and 36.27 percent of the exposures during the SY 2022–2023. There was an approximate 2 percent decrease in expulsions.

Here we have our suspension data for seven student groups and their enrollment rates over two years. One concern within our State percentages by student group is that students on free and reduced-price lunch accounted for 79.12 percent of our student population during the SY 2021–2022, but made up 94.81 percent of our suspensions, as represented by the orange bar. During the SY 2022–2023, the enrollment rate was 80.65 percent and yet students on free and reduced-price lunch accounted for 88.34 percent of suspensions during the SY 2022–2023, as represented by the green bar. There was an approximate 6 percent decrease in suspensions for students on free and reduced-price lunch. It is important to share that both our English language learners and students on IEPs also show concerns with suspension rates. It is our goal to see a continual decrease in this discipline disproportionality through restorative justice practices. Knowledge, training, implementation, and quarterly reporting requirements can help support this need.

In partnership with the American Institutes for Research, NDE administers the Nevada School Climate/SEL Survey annually. We also provide an optional spring survey as well. Did you know that 65 percent of the students at a particular high school disagreed or strongly disagreed with this statement? "I feel like I am a part of this school." School climate refers to the overall atmosphere and environment within a school that affects the social and emotional and academic well-being of students and staff according to the National Center on Safe Supportive Learning Environments. As you can see from this slide, we have a consistency of what our students say about how they feel when it comes to emotional safety. Although all the categories—cultural and linguistic competence, relationships, emotional safety, and physical safety—are within the favorable to most favorable range, there is a consistent trend of our students saying emotional safety is where they need the most support. Are we listening to the voice of our students? Emotional safety refers to the range of experiences in which an individual feels open to express emotions, trust those around them, exhibits confidence, and feels excited to try something new. Students who feel emotionally safe do not dread humiliation, embarrassment, or shame. Restorative practices support the need and the voice of our students feeling emotionally safe at school. We want to give our students a seat at the table, but it is time for our students to have a table.

Looking at the school climate data, this is our State survey for staff. This is an optional survey for staff. As you can see from this chart, in 2021, we had 1,252 surveys done by staff and then in fall 2023, we had 4,051. There have been some improvements. There is consistency when we look at the data from spring 2021 to fall 2022, where our staff say that relationships is where we want to make sure to focus our attention for our staff. Relationships are the links and interactions between and among students, adults, and peers in a school setting. Sound relationships reinforce existing feelings of connectedness to the

school community. The foundation of the implementation of restorative justice practices is relationships and connections. I am happy to announce our school climate standards for excellence can be found on our Nevada School Climate/SEL Survey reports. The new criterion-based standards provide educators with richer more actionable information. Are you aware Nevada is the first state to be able to compare school climate data statewide?

Here is a quick look at the professional learning opportunities our team provides. District leaders and administrators are welcome to use our training request form to request trainings on school climate universal support. The professional learning menu consists of customizable school climate trainings based on the survey data. Some of you might be wondering what this implementation looks like in a school after completing a restorative justice practice training. Well, I will share. You might walk into a school and see a quick five-minute connection circle of students sharing examples about their favorite sport or learning what they have in common with their classmates. Or, while attending a local high school's town hall meeting, you might hear the voice of students, teachers, administrators, and other educators gathered to share concerns about the climate and culture of their school while discussing solutions. You might even walk into a school, into a kindergarten classroom, and hear kinder students in a problem-solving circle with students being able to think through solutions on classroom disruptions. You might even witness a trained volunteer peer mentor leaning in to help mediate conflicts between peers at a middle school.

Here are the additional trainings offered in collaboration with our partners. I think it is important to note our monthly Restorative Justice Community of Practice provides an opportunity for educators to engage in conversations, hear from school teams, learn about professional learning offerings, and hear from experts on implementing restorative justice practices.

Additionally, 2 million in ERRER III progressive discipline based on restorative justice funds were recently awarded for decreasing discipline disparities. Ninety-nine percent of the restorative plans were submitted to NDE for the SY 2023–2024. Connections are being made with students throughout our State, but I must highlight that a school is being intentional about building relationships with students by completing over 4,000 connection circles within one school year.

Nevada's Department of Education and UNR collaborated to provide schools with an AB 285 quarterly reporting template that calculates discipline disparities. Our goal is to help schools see where there are disparities so we can provide a systematic equity review in partnership with WestEd.

It is also our goal within the Office for a Safe and Respectful Learning Environment to meet districts and schools where they are by continuing to offer on-demand learning opportunities, asynchronous learning, as well as need-based training. We will continue connecting with our districts, colleges, and community organizations like My Brother's Keeper, the Children's Advocacy Alliance, the National Center for Afterschool and Summer Enrichment, Nevada Afterschool Network, and Restorative Nevada on creating solutions to keep students in school and to see a decrease in discipline disproportionality. Our team will continue to work on the foundation that has been set to infuse restorative practices and improve Nevada school climate, but there is a need for long-term funding so we can allow districts to continue the work they have started in building capacity. In closing, positive relationships with peers and supportive teachers are the two most common reasons why students enjoy going to school according to the National Center on Education Statistics. At this time, I welcome any questions.

Chair Bilbray-Axelrod:

Thank you for the presentation. Do we have any questions? No questions?

Next, we have Dr. LaMarca with Washoe County School District (WCSD).

Paul LaMarca, Ph.D., Chief Student and Family Supports Officer, WCSD:

I am going to speak to the implementation of AB 285 and AB 330, and will provide context around restorative practices ([Agenda Item VI C](#)). There are major changes brought through AB 285 and AB 330 that created a significant change within the School District. Of course, there are changes to how we treat first defense batteries and the distribution of controlled substances and changes to age related distinctions that had come forward in 2019–2021. Some changes with respect to District progressive discipline plans, especially around the timing of those student support plans for any students who were suspended for more than two days—whether that be in-school suspension or out-of-school suspension. Then, some of the data review cycles that have created changes within the District.

In terms of implementation, we had been feverishly reworking our discipline plan within the School District all last school year, anticipating the changes we hoped to see come forward through AB 285 and AB 330. We were thankful those bills passed. We had more than 150 stakeholders contribute to the change in our discipline plan, and that was adopted by our Board of Trustees in early September 2023. We also have all our schools that are fully compliant with their local progressive discipline committees—made up of administrators, teachers, and classified staff. They deal with temporary alternative placements.

We began training on our progressive discipline plan in August 2023, and we have trained five times so far with all our administrators, including our deans. Our next training is scheduled for next week in April, and then we will have one last training in May. We have also identified, in all our buildings, two restorative practices coaches, who have received additional training. I will touch on restorative practices later in the presentation.

We have been conducting quarterly data reviews as part of that training with an eye towards disproportionality. There is disproportionality within our data, and there has been. We made significant progress on that front prior to COVID-19 but it exacerbated some of those differences. We are still trying to address that problem within our data. I also want to point out, while we do these quarterly reviews—and our schools do their quarterly reviews with their leadership team—our schools have access every day of every week to data within our warehouse. They can review on an individual basis, or small group basis, how things are going in their buildings. We encourage them to do so and provide them the tools for doing that.

We are three quarters of the way through the school year. At the end of the third quarter, prior to spring break, our data looks very promising. We are projecting a decrease in major behavioral incidents for this particular school year. Suspensions are significantly down for both in-school suspensions as well as out-of-school suspensions. As you know, a big change in AB 285 and AB 330 was to reintroduce the ability to have hearings for students who have committed a battery or distributed controlled substances on a first offense. We have seen an increase in emergency suspensions related to those behaviors, but I want to be clear, not an increase in those types of behaviors, but our ability to have hearings and address those appropriately for safety reasons.

Restorative practices. As you know, our efforts after the 2019 Session were thwarted because of the pandemic. We began working with the IIRP in SY 2019–2020 that got

interrupted. This year, we have reengaged with them. We have a team of six from every building that are trained in a series of trainings through IIRP. Two of those days are general restorative practices and that is for everyone. Then, there are two additional days designed primarily for administrators. These include training around restorative conferencing. Some of the more formal things that come to mind when people think about restorative practices. We also have restorative practices coaches in every building. We have a monthly cohort meeting and an ongoing process for those individuals to share information with one another, learn from one another, and learn from the District as well. Today, we have fully trained, 71 of our schools and 26 of our schools in progress. We will have four schools that do not have the complete training by September 2024. They will be trained in the following year. The training will be available to all our district-sponsored charter schools as well. Every year, as you can imagine, there is significant turnover in terms of staffing, so we will provide this training to all buildings on an ongoing basis going forward. We look forward to that.

I will comment briefly on additional legislative support. We appreciate the bills and the changes that were made. I do not know if there is a legislative fix for this, but we need to emphasize the blending of restorative practices with traditional disciplinary practices. They are not opposites, and they almost always need to work together especially when we have to move towards exclusionary disciplinary practices. We need to be able to couple that with restorative practices, especially when we are talking about transitioning students back into their traditional schools or transitioning back into a school after a significant suspension where they have spent time at home.

We love the part of the bills that requires support plans for students for significant suspensions, as well as for transitions. We think there may need to be technical amendments around that. Right now, it is a bit laborious, especially in terms of the reporting expectations on those plans. You can imagine there are a lot of plans being made within schools. There are thousands of kids that end up with these support plans.

Considerations regarding quarterly and annual reporting. Again, we feel strongly this is an important piece of the legislation. We have to be looking at our major behavioral incidents and suspensions, and we have to look at that through the lens of equity and identify disproportionality and deal with it. There are elements required to be reported on a quarterly basis that are redundant. They are required to be reported at different times through different reports, such as teacher vacancies. I appreciate the idea these things actually work together. When you have a lot of vacancies, you have a lot of substitute teaching, and you are probably going to experience more behavioral disruption. We appreciate the implication that we need to be looking at this comprehensively, but some of the reporting is not efficient. We think there should be technical changes considered there and then time and staffing.

We cannot leave without saying thank you again for the tremendous support we have received financially. Most of that funding has gone into teacher salaries and salaries for all educators. It was sorely needed. We still need more time, and we need more staff in order to create safe schools. I am happy to answer any questions should you have any.

Chair Bilbray-Axelrod:

I want to thank you for being here. We were scrambling to find someone to represent WCSD, and I appreciate you stepping up.

Committee Members, do we have any questions? [There were none.]

Assemblywoman Hansen:

All of us here worked on this bill, AB 285 in particular, and want to thank the districts for their presentations. It is yeoman's work trying to roll this out properly. You have been up against a lot. Thank you for what you have done. We look forward to this being a helpful thing for the districts and helpful for these children we care so much about. This bill and these reforms were needed to do the best thing by our students and our staff. We greatly appreciate the districts and NDE taking on this heavy lift.

Chair Bilbray-Axelrod:

I concur. Now, we will move on to Russell Klein, representing the Nevada Association of School Superintendents (NASS). Thank you for making the drive and being in person.

Russell Klein, Superintendent, Lander County School District, representing NASS:

I appreciate the time and inviting us to be here ([Agenda Item VI D](#)). I represent all the small fish. Of the 15 districts, this gives you a view of Lander County. We are at 1,000 students. There are six districts smaller than us and eight districts larger than us. You are familiar with Superintendent Adam Young from White Pine; he is right in the middle, next to us, at 1,200 students. He would have seven smaller than him and seven larger than him. He is an excellent representative of all of us.

The request was to update on improvements, challenges, and impacts. I want to start out with the improvements and point out to the Committee, we appreciate that you did listen to us. In that first round, there were a couple of issues that were frustrating on the front lines. The age of 11 issue, you heard us and made adjustments to it. We appreciate that. The assault on staff was another thing that we know you heard us and appreciate that, on behalf of all the superintendents. I shared my slides with them, and this is representing the Association of the Superintendents, the rural superintendents.

On training, I wanted to point out we also have done a tremendous amount of training on the restorative practices within our districts. Our resources are extremely limited when compared to these larger systems. We do not have those partnerships and professional trainers coming in, but we have all taken a very direct approach with it within our districts. This is from Superintendent Young in White Pine, and he shared this with me from his District, "We continue to strive to approach discipline as a learning experience where relationships can be built as opposed to using an adversarial approach." I think it is reflective of what we are all desiring from the restorative practices. In my District, we have, for a number of years now, focused on what we call the two biggest questions. Number 1: Does the consequence teach or reteach the desired behavior? Number 2: Has the relationship helped or harmed in that process? Those underlying must haves as we work through this.

In the small districts, we have no data to give because we may go two, three, or four years without having an expulsion, so there is no way to give data. Clark County does their numbers in the size of tens of thousands. The State has presented their data, both Washoe and Clark; that is reliable data. Data at our level becomes somewhat unreliable. If you take any one element, whether it is socioeconomic status or gender, you could have 100 percent or 200 percent swing when it is one to zero. One cohort alone, you could have a variance of three naughty kids that could change an entire cohort going through a system. You could have year-to-year swings that look severe in data when in reality, it is that in size. The other thing is a change of administration, a single incident could swing data. Sometimes that subjective call could sway things.

The other thing I want to point out for the small districts is alternative placement is not an option. We do not have anything like that. When you have a student that—children are not widgets because we would like to say, “if this, then that.” When you are producing a product, you can do that, but with the human element we are dealing with, the same response to a different child does not work the same way or the same response to the same child on a different day does not work the same way. It becomes variable. I want to go back, because I do not want to lose that point. In that alternative placement, when you have nowhere else to put the child and you are mandated to keep that child in the educational environment, sometimes, at our level, a child is kept in the environment with the other kids at a point to where many of our teachers and administrators feel it is to the detriment of the whole in trying to serve the one. You have the 29 who are suffering excessive disruption in trying to do everything we possibly can with the one.

Again, I am speaking at a completely micro level. My examples are about an individual child or parent, not about 1,000 instances. I appreciate Washoe’s comment on blending and saying we still need to have some of the traditional approach. For example, a couple of years ago, my junior high principal said he needed to give this kid an out-of-school suspension. We moved everything in school. We were going to handle everything, give them every opportunity, and not let them leave the building. He said the parent was feeling no discomfort and the child had no reason to change behavior. There was no support from the family or the home. When I allowed him to suspend the child out of school for a day or two, all of a sudden there was more buy-in and getting that child to change behavior because the parent’s discomfort at having behavior extend to them was the better fix. Again, this is a microscopic level, and I apologize for using anecdotal stories, but it is what we are feeling. Many of our teachers are feeling as if they, and the 29, are suffering when we are doing everything we can to keep the one in the classroom.

On behalf of the superintendents, thank you for inviting us here. The fact that you are asking us, we appreciate that. We are all on the same team, and we know you are going to bat for us. We appreciate your help.

Chair Bilbray-Axelrod:

Thank you for the presentation. We want to hear from you who are right there where it all happens. Can I ask you a question because you did talk about how there is no real alternative? Are you aware of any student who has been expelled and is not receiving any instructional education, whether it be online or whatever?

Mr. Klein:

I am not aware of any in the rural districts.

Chair Bilbray-Axelrod:

Members, any questions? Senator Dondero Loop.

Senator Dondero Loop:

You indicated that you do not have the problems, and you do not have places to isolate or what have you. Do you have a plan if something should happen?

Mr. Klein:

It is a fair question. In my District, we are middle of the road for the size of the districts. We have an alternative high school, and we have had to extend that to junior high aged kids,

with additional supervision. We have also gone to an online version, in some cases. Yes, we want the same end outcome—that every child has the opportunity still and we serve them.

Senator Dondero Loop:

It is always great for everything to go right, until it does not and that is why I asked the question.

AGENDA ITEM VII—PRESENTATIONS ON EDUCATIONAL PERSONNEL SAFETY AND WELL-BEING, INCLUDING TRENDS, DATA, AND CURRENT AND EXISTING PROGRAMS

Chair Bilbray-Axelrod:

We will move on to Agenda Item VII, presentations on educational personnel safety and well-being, including trends, data, and current and existing programs. We will now hear from stakeholders. We will start with Ms. McGill from NDE. Welcome back to the table and go ahead when ready.

Ms. McGill, Previously Identified:

I am excited to introduce our new Director, Dr. Higley. He will be taking you through the slide presentation today. If you have questions at the end for either one of us, we will be here.

Kevin M. Higley, Ph.D., Director, Office for a Safe and Respectful Learning Environment (OSRLE), NDE:

Good afternoon, Madam Chair, and esteemed Members of the Joint Interim Standing Committee on Education. I am here to present an update on the Advisory Committee on the Safety and Well-Being of Public School Staff created under AB 72 (2023), henceforth referred to in this presentation as the AB 72 Committee ([Agenda Item VII A](#)). In addition to this update, I will also include information on current progress in standing this Committee up and the proposed agenda topics once the AB 72 Committee is realized.

First, I would like to review historical context for how this Committee originated. Assembly Bill 72 was introduced and underwent two amendments before it was passed and implemented. The bill was passed by the Assembly and the Senate with unanimous support. It was delivered and signed by the Governor and became effective on July 1, 2023. As noted in the slide, it is an act relating to education and the implementation of the bill was tasked to OSRLE. This was in part because my role as the Director of OSRLE is an ex officio member. In addition, this three-page bill outlines the 13-seat membership requirements and the purpose of the Committee.

As most of you are aware, this 13-seat Advisory Committee is tasked with representing all of Nevada's public school staff. As you can see on this slide, which is found on the Nevada Report Card website, the AB 72 Committee will represent Nevada's 47,482 public school employees. There are three categories of public school employees—administrators, teachers, and others. The others category is inclusive of all staff who do not fall into either the teacher or administrator categories, such as our administrative assistants, bus drivers, custodians, and other education support personnel. The blue bar represents administrators. The peach bar represents teachers, and the gray bar represents the others. As you can see from this graph, staffing levels have generally stayed in the same range over the past three years for administrators and the others category is at a six-year high. However, the

teachers' category has dipped to a five-year low, which is similar to current national data statistics. The AB 72 Committee will be tasked with determining recommendations to assist with increasing these numbers in all three categories.

This slide highlights the safety issues in schools during the past two school years. This data is inclusive of all public schools within Nevada and show the number of incidents and students involved without disciplinary outcomes in a two-year time frame. Again, this is data of behavior incidents without disciplinary consequences. The blue bar reflects SY 2021–2022 and the green bar reflects the SY 2022–2023. As you can note from the slide, there has been an increase in all categories, except for incidents involving weapons. However, incidents of violence, shown here in the third section from the left, denotes the largest increase of 18.1 percent. The AB 72 Committee will be tasked with determining recommendations to assist with reducing these violent incidents statewide.

This graph shows the number of student suspensions in a two-year time frame by incident type. Overall, there was a 33.2 percent increase in the number of suspensions from the SY 2021–2022 to the SY 2022–2023. It is important to highlight there have been over 700 incidents in both school years in the battery of school employee category, located in the first grouping to the left. A current intervention, being implemented in much of the State to help reduce exclusionary discipline or the number of incidents resulting in suspension or expulsion, is the implementation of a MTSS. The AB 72 Committee will be reviewing this data as well to help address these increases in violence to staff.

This graph shows expulsion in the same two-year time frame by incident type. As you can see from this data, there has been a 30.3 percent increase in the number of incidents resulting in expulsions from the previous year. There was an increase in incidents overall but a significant increase in the number of incidents on the sale and distribution of controlled substances should be noted. The AB 72 Committee will be tasked with reviewing this data to determine next steps to addressing these behavioral concerns.

This slide represents the school climate data staff survey highlighting three years of responses from the spring 2021 to the fall 2023. As previously noted on the left side chart, participation in this survey has increased by 300 percent beginning with 6 districts and 23 charters to now 16 districts and 26 charters. Please note that CCSD provides their own staff climate survey. Switching to the right side chart, you will see the breakdown results of that survey again. As noted in an earlier presentation, the survey looks at five areas: (1) blue—cultural and linguistic competence; (2) orange—relationships; (3) gray—emotional safety; (4) green—physical safety; and (5) light blue—bullying. The AB 72 Committee will review all of this data as well.

This information was taken from the most recent climate survey from 2023. Questions focused on physical and emotional safety and the data is comprised of 4,051 responses. On the physical safety side, staff responded overwhelmingly positive to the question, "I feel safe in this school." With only 7 percent of respondents noting that they feel unsafe. On the question of physical abuse of teachers in their schools, only 8 percent noted it was a problem. For the question of verbal abuse of teachers, 34 percent indicated this occurs often in their respective schools. On the emotional safety side of the survey, for this question, "I feel like I belong," nearly 89 percent responded they feel like they do belong, and 84 percent noted they feel as they can manage any student behavior problems. The AB 72 Committee will review this data as well.

The U.S. Department of Education recommends three specific areas for a safe and supportive school environment, including engagement, safety, and environment. Please note, these federal recommendations are already included in Nevada's school climate survey.

The AB 72 Committee will work in conjunction with other legislative created committees to help address areas of school safety. The Committee on Statewide School Safety, created under NRS 388.1324, is one such committee to assist with this endeavor. This Committee has issued six recommendations to help make schools safer and will help to shape the first agenda of the AB 72 Committee. Recommendation 1 is to make a significant investment in school-based mental health professionals and services which will improve a school's capacity to intervene early. The AB 72 Committee will work alongside the Committee on Statewide School Safety to ensure this goal is achieved.

From that same Committee, Recommendation 2 is to make a commitment to provide funding to ensure safe learning environments, with a focus on allocation to specific focused areas. The AB 72 Committee will work to ensure this goal is achieved.

Recommendation 3 is to review and promote quality improvements to the school's emergency operations plans. Something that directly impacts the safety and well-being of both students and staff. The AB 72 Committee will work to ensure this goal is achieved.

Recommendation 4 suggests increasing budgets to fund school staff and students' skills in areas such as SEL and MTSS. The AB 72 Committee will work alongside this Committee to ensure these skills are acquired by Nevada's public school staff and address staff's mental health needs as well.

Recommendation 5 suggests additional supports so schools can eliminate disproportionality of school discipline and reduce the number of students suspended or expelled. The AB 72 Committee will work to ensure these exclusionary discipline practices are thwarted.

Recommendation 6 suggests identifying the impacts of social media. The AB 72 Committee will explore the topic in order to provide professional learning and best practices to Nevada's education personnel and discuss the effects of social media on educational practices as well as explore the impact social media has on school safety.

I would like to close with a few updates on the Committee's progress. Today, OSRLE added this to the NDE newsletter, sent an email blast to all district superintendents, posted on all of NDE's social media sites, and reached out to various union organizations across the State of Nevada to solicit recommendations for administrators, teachers, and support professionals, as well as directly contacting those recommended that might best serve on this Committee. We were successful in finding qualified candidates interested in serving on this Committee. We then created a database to support the appointment process and shared that with the Office of the Governor. Currently, the Governor has appointed four of the five required members. We also created a ranked list of recommendations for the legislative seat appointments and forwarded that list to respective appointees. Once all appointments have been made, we will go forward with scheduling our first meeting. We anticipate these efforts will help to stand up the AB 72 Committee prior to the August 1, 2024, deadline. We plan to continue our collaborative efforts with the Committee on Statewide School Safety to facilitate the process and address their areas and their recommendations as well as using the school climate survey data for discussion topics for our first meeting so as to best support the safety and well-being of public school staff. The OSRLE anticipates the first meeting to be held either in June or July of this year.

Thank you for this opportunity to update you on the OSRLE progress on the AB 72 Committee. I welcome your questions at this time.

Chair Bilbray-Axelrod:

My first question was if anyone has been appointed yet and you indicated the Governor has appointed four members. On the NDE website, unfortunately, the Committee roster only has you on there. Do you know the other members or when we can expect that to be updated on the website?

Dr. Higley:

I do not have those names memorized, but I can get those names to you today, and will update the website as soon as possible. Thank you for pointing that out to me.

Chair Bilbray-Axelrod:

You mentioned the four members the Governor has appointed, are there any others? How far away are we from having a full Committee roster?

Dr. Higley:

As I stated, we are fully aware of all the positions that could be filled. We are at the mercy of the Governor appointing the last person and then the appointees being appointed, but all recommendations have been sent forward.

Assemblywoman Anderson:

My question has to do with slide 15. In particular, under Recommendation 6 when it mentions create a youth panel. I wanted to see how that was working and, with that youth panel, will you be including students from every school district, including our tribal communities, or is there a different plan to do that because some of our tribal schools unfortunately get ignored at times.

Ms. McGill:

We have a panel. We have created several panels of students to present in front of the Governor's School Safety Committee, they heard from them about three times. We also have plans to work with key partners to send out a survey to our students around social media to see what their top concerns are. When the students talk to us, some of the concerns they brought up was bullying and that you know exactly what to do and where to go when this occurs. It showed us to make sure we kept bullying front and center, especially the cyber bullying part. We can send you the slide decks from that student panel.

Assemblywoman Anderson:

It would be wonderful to get that. I think back to our presentation earlier where Board Member Carlton mentioned about how important that student voice was during the Nevada SBE. Having a youth panel present is a good thing, but also having the youth panel include a conversation from all of our schools, even those that are governed by the Native American community would be smart to think about for NDE.

Dr. Higley:

Yesterday, we met with the Committee on Statewide School Safety, with a student panel on social media, which led to a lot of questions, answers, and future plans for AB 72. We had broad representation from around the State. I believe there was no tribal representation though.

Chair Bilbray-Axelrod:

Next, we will bring Mr. Klein, representing NASS. Please begin when you are ready.

Mr. Klein, Previously Identified:

Once again, we appreciate you asking us to come, and we appreciate the conversation that you allow between us, this time on personal safety and well-being ([Agenda Item VII B](#)). We appreciate the partnership.

When it comes to the physical safety, as you know, there is so much we have done in the last four years or longer. I have been in my position over seven years, and it has been continual. We have gone to a single point entry, fully fenced, and secured campuses. These are six-foot fences, not three and a half foot fences. Keys and locks. For example, had a brand-new building, it was five years old and yet we spent \$80,000 to change every lock in the building because we needed locks where you could push the button and not have to get your key out and fumble through your keys in a high anxiety incident. Electronic card readers, we are working towards getting to the point where we, at least, have them at the main points of entries. Geographic Information System (GIS) mapping of facilities—we have done that in our District, and I know many districts are working on it. The bullet resistant shielding you can put on the windows. In our District, we have it on every ground level window, in every building we have. We used ESSER dollars, and it was, \$30,000, \$60,000, \$80,000. It adds up so fast. Collaboration of law enforcement. In our particular district, we have video cameras in every classroom, in the hallways, and external. We have given admin access to our Sheriff's Office. If we were to have an incident, rather than the principal being in their office trying to get on the phone saying, "I saw someone go down the hall," within minutes we can have the Sheriff's Office as command central and looking at the screens from dispatch. They can access cameras and have that capability. Cameras—again, they are in classrooms, hallways, exterior, and even on our buses. The problem here is after four or five years, all of a sudden, they become out of date. Now, those hundreds of thousands of dollars, in a small system, has to be spent again and continually upgraded.

Safety training—we have worked with our local law enforcement. I think you are familiar with the Nevada Public Agency Insurance Pool/Public Agency Compensation Trust (POOL/PACT). It is the self-insured agency for many of the rural agencies. They have coordinated to have safety experts come in and do combined safety with school staff and the sheriff's office to do incident training, and we are doing that.

The short answer to all of this is, it adds up so fast. In my District, I chose to spend a lot of ESSER dollars in doing much of this, so we are ahead of the curve. Again, in many of these things, it becomes out of date within a matter of three, four, or five years. It is ongoing.

Emotional safety. Assemblywoman Hansen and I were speaking earlier, and I shared with her, as I was trying to relate this; I was thinking the most grievous incident I could imagine would be a parent losing their child. You could have three, four, or eight years go by, and someone would say, "Have you not gotten over it yet?" The answer is no, you never get over it. You become a changed person because of it. I think that is how we have to

understand COVID-19. Over the past four years, and I have lived before, after, and through. The fact is, we all want to get back to how it used to be and what it was. We never knew how good it was until it was not. Behaviors and groups that used to operate in the shadows are now emboldened and operating in the open. My point here is, in over 100 years never has education been demonized. It has always been a noble profession to be a teacher. When I became a teacher 30 years ago and I went back to school; I had been in the industry, and people asked what I was going to do. I said, "I am going to be a teacher," and they said, "I have always thought about being a teacher." I think it is because every one of us, at some point in our lives, were touched by that teacher, and we all have the name of a teacher that changed our lives. Yet today it is different. There has been a shift in the world we live in. When I talk about emotional safety, I have to make a point of that. It is very real. There is a percentage of parents where it used to be one or two difficult parents, it could be an entire group. With social media, they get organized and come at you with a lot of volume and voice. They sound very loud, and it is hard on teachers.

Then, I mentioned the whole restorative practice in a small school. Three days ago, I was speaking with one of my instructional aides, and she is tough as nails. She said for the first time in five years, she took a mental health day. My heart breaks as our staff are having to say they cannot do it today and so they call in. We have no substitutes, they are nonexistent. Then, we have to take an aid out of a classroom and cover this classroom for the day. It is our reality.

The other point I wanted to make is the baby boom generation. I am one of the few remaining, but most of us have left the profession, and we have an entirely new generation. In my District, I have two teachers at 30 years and after them, the most senior teacher in the entire district is 17 years. I cannot tell you how many I have under three years, under two years. Many of them are on Alternative Route to Licensure (ARL) status—becoming a teacher, going to school full time and, by the way, they have three kids at home and teaching full time, and we are expecting them to step up and do this. We are operating with less and expected of so much more. I know I am preaching to the choir here, but it is hard. It is rough. Our teachers are tired.

The other thing is, when we see something on the news—a six-year-old kindergartner who shoots his teacher—everybody sees that, and everybody feels it. Every time they say we thought it would never happen here. We stopped saying that, we do not say it anymore. We know it can happen anywhere.

On recruiting, the question has been asked; does it have an effect? Yes, and perception matters. When veteran teachers are telling their own children, do not do what I did, do not be a teacher. Then, you know you have a problem. This is what we are experiencing. I cannot tell you how many people I have known where teachers in the profession have said they are telling their children not to go into teaching. There is hope. In a District our size, I have done recruiting personally. I have gone to all the western states doing career fairs and things like that. Those have dried up. Recruiting has become almost nonexistent. We say we want to steal from other states, but other states want to steal from us. We are all beating each other up. We have districts trying to give a bigger hiring incentive to get the neighboring district's teachers to come over to them. We are robbing Peter to pay Paul. In my District, and Wayne Workman in Lyon County has talked about this a lot in his District, we all have, but we have gone very heavy in the grow your own and it is working. We have many of our instructional aides who are going back to school again. There are challenges to that. We expect higher test scores and when we are just trying to get certified people into the classroom. There has been funding given to the State ARL program. I have a number of teachers who are going back—I have one person who has a degree in equine science, and

she is going to become my agricultural sciences teacher. The licensing degree is fully funded. Thank you, I know those funds have come from you.

Existing staff is committed and resilient. Teachers are hardworking and good people. They are coming back every day and giving their heart and soul. As much as I say, there are difficult parents, I want to remind you that most of them are volunteering in the classroom, they are supportive. Our businesses in the community, people want to help, and they are there.

The last point is, I know that is what you are doing. The questions you are asking and everything you are saying, tells us that you are on our side. I want to acknowledge that. Thank you again for bringing us to the table.

Chair Bilbray-Axelrod:

Thank you for being here. Assemblywoman Anderson has a comment.

Assemblywoman Anderson:

Every time you come in front of us, you remind me of what a caring teacher is. I am a teacher in my real life, but I also recognize that one reason why I am the teacher I am is because the people I get to work around—that includes my fellow educators, my students, but then also my Principal and my Superintendent. Thank you for being the leader in your School District and hearing what is happening with our educators, whether they are titled teacher, bus driver, clinical aid, it does not matter what the title is. It is very clear that you care about our kids and this beautiful profession of education. Thank you for always being so positive and yet realistic, I appreciate it.

Chair Bilbray-Axelrod:

I would echo the words of my colleague up north. I was on a Zoom for women in leadership and one of the people who went out of her way to call out my older sister who is a teacher, Bridget Bilbray-Phillips. Twenty-five years ago, she made an impact and saw something in this kid, and I hear those stories all the time. It is so rewarding to be a teacher, and we want to make sure our teachers realize how much we appreciate them. There is someone out there teaching the future President of the United States. It is an important job.

With that, we will close this agenda item.

AGENDA ITEM VIII—PUBLIC COMMENT

Chair Bilbray-Axelrod:

We will go to our last agenda item, which is public comment. Is there anyone in Las Vegas wishing to make public comment? Anyone in Carson City wishing to make public comment? Broadcast, is there anyone on the phone lines wishing to make public comment?

BPS:

Chair, the public line is open and working; however, there are no callers at this time.

Chair Bilbray-Axelrod:

Thank you to the Members, everyone who presented before the Committee today, and everyone tuning in online. The archived version of today's meeting will be available online through our YouTube channel. Our next meeting is scheduled for Wednesday, May 15, 2024, at 9 a.m.

AGENDA ITEM IX—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 3:16 p.m.

Respectfully submitted,

Crystal Rowe
Senior Research Policy Assistant

Jennifer A. Sturm-Gahner
Principal Policy Analyst

Alex Drozdoff
Senior Policy Analyst

APPROVED BY:

Assemblywoman Shannon Bilbray-Axelrod, Chair

Date: _____

MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item IV A-1	Yvette Williams, Chair, Clark County Black Caucus	Memorandum
Agenda Item IV A-2	Yvette Williams, Chair, Clark County Black Caucus	Link to Study
Agenda Item IV A-3	Yvette Williams, Chair, Clark County Black Caucus	Link to Handout in Research Library
Agenda Item IV A-4	Yvette Williams, Chair, Clark County Black Caucus	Email Relating to News Release
Agenda Item IV B	David F. Damore, Ph.D., Executive Director, Brookings Mountain West and The Lincy Institute, University of Nevada, Las Vegas (UNLV) Michelle G. Paul, Ph.D., Assistant Vice President of Mental and Behavioral Health, and Workday Endowed Executive Director, UNLV Partnership for Research, Assessment, Counseling, Therapy and Innovative Clinical Education (PRACTICE), UNLV Sara Hunt, Ph.D., Director, Behavioral Health Education, Retention, and Expansion Network of Nevada (BeHERE NV), and Assistant Dean, Behavioral Health Sciences, Kirk Kerkorian School of Medicine, UNLV Kelliann Beavers, Ph.D., Research Associate, Brookings Mountain West and The Lincy Institute, UNLV	PowerPoint Presentation

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
<u>Agenda Item IV C</u>	Kristen Clements-Nolle, Ph.D., M.P.H., Professor and Graduate Director of Epidemiology, School of Public Health, University of Nevada, Reno	PowerPoint Presentation
<u>Agenda Item IV D</u>	Christy McGill, Deputy Superintendent for Educator Effectiveness and Family Engagement, Nevada's Department of Education (NDE) Malinda Southard, D.C., C.P.M., Deputy Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services	PowerPoint Presentation
<u>Agenda Item IV E</u>	Jessica Shearin, Ed.S. President, Nevada Association of School Psychologists	PowerPoint Presentation
<u>Agenda Item IV F</u>	Kassie Griffith, Board Member, Nevada School Counselor Association	PowerPoint Presentation
<u>Agenda Item V A</u>	Tamara Hudson, Board Member, Nevada State Board of Education (SBE) Maggie Carlton, Board Member, Nevada SBE	PowerPoint Presentation
<u>Agenda Item V B</u>	Tamara Hudson, Board Member, Nevada SBE Maggie Carlton, Board Member, Nevada SBE	Handout

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
<u>Agenda Item VI A</u>	Brenda Larsen-Mitchell, Ed.D., Interim Superintendent of Schools, Clark County School District (CCSD) Mike Barton, Ed.D., Chief College, Career, Equity, and School Choice Officer, CCSD Samuel P. Scavella, Ph.D., Assistant Superintendent, Equity and Diversity Education Department, CCSD Kevin McPartlin, Assistant Superintendent, Education Services Division, CCSD	PowerPoint Presentation
<u>Agenda Item VI B</u>	Laronica N. Maurer, M.Ed., School Climate and Equity Education Programs Professional, Office for a Safe and Respectful Learning Environment, NDE	PowerPoint Presentation
<u>Agenda Item VI C</u>	Paul LaMarca, Ph.D., Chief Student and Family Supports Officer, Washoe County School District	PowerPoint Presentation
<u>Agenda Item VI D</u>	Russell Klein, Superintendent, Lander County School District, representing the Nevada Association of School Superintendents (NASS)	PowerPoint Presentation
<u>Agenda Item VII A</u>	Christy McGill, Deputy Superintendent for Educator Effectiveness and Family Engagement, NDE Kevin M. Higley, Ph.D., Director, Office for a Safe and Respectful Learning Environment, NDE	PowerPoint Presentation

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item VII B	Russell Klein, Superintendent, Lander County School District, representing NASS	PowerPoint Presentation

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